S. HRG. 101-536

DRUG ABUSE

HEARINGS

BEFORE THE

SUBCOMMITTEE ON
COURTS AND ADMINISTRATIVE PRACTICE

OF THE

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

ON

A COMPREHENSIVE APPROACH TO FIGHTING THE WAR ON DRUGS

APRIL 26, 1989, MOBILE, AL
APRIL 27, 1989, MONTGOMERY, AL
APRIL 28, 1989, BIRMINGHAM, AL

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DRUG ABUSE

WEDNESDAY, APRIL 26, 1989

U.S. SENATE,
SUBCOMMITTEE ON COURTS AND ADMINISTRATIVE PRACTICE,
COMMITTEE ON THE JUDICIARY,
Mobile, AL.

The subcommittee met, pursuant to notice, at 10 a.m., in Courtroom Two, U.S. Bankruptcy Court, 201 St. Louis Street, Mobile, AL, Hon. Howell Heflin (chairman of the subcommittee) presiding.

Staff present: Karen Kremer, staff director and chief counsel; Scott Williams, Esq.; Monique Abacherli, chief clerk; J.B. Floyd, congressional fellow from the Secret Service; and Tom McMahon, press representative.

OPENING STATEMENT OF HON. HOWELL HEFLIN, A U.S. SENATOR FROM THE STATE OF ALABAMA

Senator HEFLIN. The hour of 10 o'clock has arrived, so we might as well get started. We have quite a large number of witnesses testifying today.

These hearings on the war on drugs being conducted here in Alabama under the authority of the Senate Judiciary Committee. The plans are that there will be similar hearings in various States to see what is going on relative to the war against drugs and to get the advice and expertise of those that are on the front lines that can be helpful to people in other parts of the country. I would like to welcome all of you here today, and thank each of you for taking time out of your busy schedule to join us as we consider and examine ways in which to fight the war against drugs.

We all realize what a major issue we are currently facing and by sharing our expertise, you are making a valuable contribution to confront the drug problem in the Nation as a whole, but also here in the State of Alabama.

Last year Congress enacted the Anti-Drug Abuse Act of 1988 which contained a comprehensive approach to fighting the war on drugs. There are two aspects of the plan—one, reduce and hopefully eliminate the supply, and second, reduce the demand.

The new law created the Office of National Drug Control Policy, and last month the Senate confirmed the President's appointment, William Bennett, to direct that office and be this Nation's first drug czar—he is charged with formulating an overall strategy and coordinating the efforts of all Federal agencies that are involved in the war against drugs, which number more than 25 different Federal agencies. I believe that the position of drug czar is absolutely necessary if we are serious about an all-out front on the war on drugs.

The Anti-Drug Abuse Act created new penalties, increased other criminal penalties for offenses involving drug trafficking. It established the imposition of the death penalty for killings committed by drug kingpins. It renewed the commitment to increase treatment and prevention efforts. It created penalties, sanctions, jail services, and jail terms to penalize the drug users. It focused, once again, on the need for coordination of Federal, State and local efforts by providing grants and assistance to the States and to localities.

What impresses me most about this legislation is the breadth of its provisions, and a recognition that a single-minded approach to the drug problem will be insufficient. We must have a strategy both on the international and on the domestic front. This strategy must include interdiction, education, treatment, prevention, and above all, a commitment that drugs will no longer rule our society, corrupt our youth, and threaten our existence.

We have an all-out war on our hands. Drug traffickers pedal their wares not only in the large urban areas of country, but also on the streets and corners of even our smaller communities. Drugs enter our country seemingly at will—pass down our streets and avenues leaving a path of utter destruction and disbelief in their wake.

The sad truth is that drug abuse touches every State, every community, every individual. Whether we realize it or not, many Americans are financing one of the most profitable businesses in the world. Last year the drug trade was estimated at $110 billion in the United States alone. This amount is more than double the profits of all Fortune 500 companies.

Furthermore, the supply keeps coming. Law enforcement officials are engaged in a never-ending task. In 1988, U.S. law enforcement agencies seized approximately 300,000 pounds of cocaine. I would speculate that this is a mere fraction of the amount that actually entered our country.

Much of this cocaine is now being transformed into a highly addictive substance called "crack," which is now being sold in our neighborhoods from $5 to $15 a dose. So pervasive is crack's use that a Fortune magazine article has called it the "Big Mac" of the street drugs.

Unfortunately, the battlefield is not limited to streets. Traffickers have entered our homes and our schools, and I have been told that drug dealers are now lacing cartoon stickers with hallucinogenic chemicals, which can be absorbed through the skin by the unsuspecting touch of a child. This is an attempt to increase the demand among children for drugs. Thus, our children are becoming victims of an unseen assailant. When we lose the ability to protect our children, it is time to say "enough."

Each of you have your own experiences with the issue of drug abuse, whether you are attacking the supply, educating our youth, or treating the abuser. You each have an important contribution to make in fighting the drug war. You each have a story to tell, and that is our purpose today; to find out what is happening on the front lines of the battlefield.

The phrase "war on drugs" has become commonplace, but make no mistake about it. It is a war, and we have no other choice but to fight and to win.

I thank you for your presence today, and I look forward to hearing your testimony.

Now, before I start, I would like to point out some members of the staff of the Senate Judiciary Committee that are here. It will give you an opportunity to identify their faces, and during the various times, if you are in the hall, or during a recess we will have, you might want to speak to them and pass on any information that perhaps you might not want to pass on publicly at this time.

The staff director and the chief counsel of the Senate Subcommittee on Courts and Administrative Practice, who is the chief staff person who is here today, is Ms. Karen Kremer, who is here—stand up Karen where they will see you, and they can identify you.

With her from her office in Washington is Scott Williams, who is an attorney, who is here. Scott is a native of Mobile. His father is the vice president of Academic Affairs at the University of South Alabama.

We also have Monique Abacherli—I do not know whether I can pronounce her name at the end—who is here. We are also pleased that we have a congressional fellow from the Secret Service. The Secret Service and other law enforcement officers are made available to Members of Congress and to committees, and people from their organizations to assist in many problems. We are fortunate that J.B. Floyd who is here with us, who is a member of the Secret Service of the United States, and he has been with us about a year, and was very helpful in getting us information from law enforcement in drafting the legislation dealing with drugs. He has been of immense help to us throughout his time with us, and we are delighted that Mr. Floyd could come and could be with us today.

Tom McMahon, who is our press representative from Washington, is here also. This gives you some idea of our staff people that are here.

We are particularly pleased to have witnesses that are with us today who are knowledgeable. We are particularly pleased that Dr. Wayne Teague, the superintendent of education for the State of Alabama, is here, and Dr. Teague, if you will come forward, we will hear you first. We would like also to ask some other educational people who are very knowledgeable to come to the table with Dr. Teague, and to hear from them after Dr. Teague has testified.

Ms. Patricia Crawford, the drug coordinator for the Mobile County School System, and Ms. Peggy Doss who is the Cullman County school drug coordinator from the Cullman County Board of Education of Cullman, AL, are with us today. This gives us a flavor of a large city from an educational viewpoint and from a smaller community, a smaller county, which being in a different location of the State—gives us a broader view relative to problems associated with drugs.

But I think that people here in the Mobile area have a different problem pertaining to drugs than perhaps some of the north Alabama and central Alabama counties, but to make a comprehensive and complete record and to get testimony from all aspects of the drug problem, it was desirable that we have this geographical difference.

Dr. Teague, we are delighted to have you. Dr. Teague is the superintendent of education, and does an excellent job. He is in coordination with our office and the other congressional offices in Washington, and was so in past legislation dealing with drugs, and we are delighted that you are with us.

STATEMENT OF DR. WAYNE TEAGUE, STATE SUPERINTENDENT OF EDUCATION FOR THE STATE OF ALABAMA

Dr. TEAGUE. Thank you, Senator Heflin, and it is certainly good to be with you today. It is good to have you home. It is a pleasure to be with you and with your Subcommittee on these hearings. I believe you are holding three in our State, and we are pleased with that.

One has only to pick up the newspaper or turn on the television to know that this country and other parts of this world are battling drugs and drug crises of magnified proportions. It is quite apparent, however, that no nation's drug problem is as severe as that faced by our country. It is also apparent that this plague is a clear and present danger to the well-being of this Nation.

I know that this subcommittee will be bombarded by numerous statistics on drugs, but I want to share just a few of them that indicate the growing toll that drugs are taking on our country.

In a recent article from Newsweek magazine, it was indicated that there were 470 deaths in the United States related to cocaine in 1984. By 1988, cocaine deaths had risen to almost 1,600, an almost 400-percent increase in the 4-year period. This same article stated that in 1984 there were 7,155 cocaine-related illnesses in the United States. By 1988, these illnesses had risen to almost 40,000, or almost a 500-percent increase.

The proliferation of drugs is no longer limited to big cities and suburban areas. Illicit drugs are now hot commodities in the backwoods of America as well.

The small east Georgia town of Waynesboro is referred to as "crack city." Last year, the sheriff of Burke County, where Waynesboro is located, arrested 100 drug dealers. The county population is only 21,000, so the ratio is one drug dealer to every 200 residents.

Getting a little closer to home, in Barbour County, AL, which is less than 150 miles from where we sit, the sheriff there has made 40 crack arrests in the last 2 months.

I understand that the drug of the 1990's will be something called "crank," the poor man's cocaine. Regardless of the name, this drug and the other illicit drugs pose many problems for our country.

Can we win in this "battle against drugs"? Many experts say that it will be a long, hard fight and may take from 10 to 20 years. In the meantime, I think all of us agree that we must do everything within our power to wage full-fledged war on the sale of illicit drugs. To do less would be to betray the trust of thousands of people, both young and old, who have not fallen victim to this scourge on society.

We must somehow convey to our people that illicit drugs are detrimental to one's well-being. They also cause great suffering to countless families. They erode communities and they weaken a nation, and yes, they certainly can kill.

When a public figure such as Len Bias, the great Maryland basketball star, falls victim to drugs, it makes national headlines, but what about the less well-known people who die because of an overdose? And what about the killings and gang wars in our metropolitan areas caused by fighting over drug turfdom?

We must let people know that the sale of illicit drugs and the subsequent use of these drugs affect an entire community. The user becomes dependent on the drug and will do almost anything to get money to buy it. This results in higher crime rates affecting many, if not all people.

I know that there is currently a great deal of debate about strategies dealing with the war on drugs. There are a number of well-informed people who would support "supply-side" strategies—that is, the law enforcement war against drug trafficking.

Other knowledgeable people support strategies dealing with the "demand-side," which includes prevention, treatment and deterrence of drug use. Obviously, those of us in education must work within the strategies from the "demand-side"—strategies that focus on awareness efforts to inform students and adults about the harms of substance abuse and efforts to deter the use of these drugs. I will touch on the treatment aspect later.

Let me give you a brief overview of what we are doing in the public schools of Alabama in the area of drug education. I will not go into detail on our substance abuse program, since each committee member will be given copies of Alabama's Course of Study on Health Education.

We firmly believe that the education of students about the harms of drug and alcohol abuse should be done at an early age. This is why we begin with our kindergarten students with instruction on understanding that substances can be used safely or dangerously. This instruction continues throughout every grade level as students progress toward graduation from high school.

Through the efforts of our State Board of Education, we now have a most comprehensive health education course of study. This course of study encompasses 12 important areas of health education, including disease control and substance abuse. We believe this to be one of the finest courses of study in health education to be found anywhere in this Nation. It is currently serving the more than 725,000 students in the public schools of our State.

Now to my recommendations to this subcommittee relative to the Federal Government's involvement in the battle against substance abuse. I strongly urge the following.

First, the continued Federal financial assistance in the fight against drugs that has come to local school systems throughout the State and Nation as part of awareness programs. I sincerely believe that this assistance has made a considerable impact in helping to educate our students about the consequences of illicit drugs. In many cases, this assistance has helped poorer school systems initiate drug programs and helped others to improve on already existing ones. I strongly urge that you continue this program.

Second, I also want to encourage the continued support for the new initiatives for schools as part of the drug-free schools program. It is my understanding that the Secretary of Education, Lauro Cavazos, has just announced the expansion of present efforts in this program. These initiatives include printed materials, videos, public service announcements and other materials aimed at helping both students and parents. I hope you will continue to support these efforts.

I mentioned a few moments ago the public service announcements that assist in making students aware of the dangers of drugs. I hope these announcements will continue on the national level, utilizing well-known public figures with whom youngsters readily relate. We all know that students spend a great deal of time viewing television, and I believe that these public service announcements have had an impact and will continue to have a positive impact on how our young people feel about the use of illicit drugs.

And finally, I believe the Federal Government must become more involved in the rehabilitation of the drug addict than has been the case in the past. Admittedly, this would involve the expenditure of funds "after the fact," but we cannot turn our backs on those individuals who have fallen prey to drug addiction.

We are all aware of the tremendous costs for hospitalization and treatment—costs that the average family could not afford if a family member needed treatment in a drug rehabilitation facility. I strongly urge that consideration be given to programs to assist families as they attempt to rehabilitate and restructure the life a person suffering from the many problems caused by the use of drugs.

I appreciate the opportunity to appear before this subcommittee. The work you do and the information you assemble during these hearings will help thousands of individuals in the future. We must continue our efforts to make all people, children and adults, aware of the danger of drugs.

Adults must set a good example and become role models for our children. We must strive to make certain that the schoolhouse, as well as the work place, is drug-free. It will take all of us working together to accomplish this effort.

It goes without saying that if there were no drugs in the community, there would be no drugs in the schools.

Again, I thank you, Senator, for this opportunity. We wish you the best of luck.

[The prepared statement of Dr. Teague follows:]

TESTIMONY BY DR. WAYNE TEAGUE

STATE SUPERINTENDENT OF EDUCATION

TO

THE SENATE JUDICIARY COMMITTEE

(SUBCOMMITTEE ON COURTS)

CHAIRED BY THE HONORABLE HOWELL HEFLIN

UNITED STATES SENATE

U. S. BANKRUPTCY COURT

ST. LOUIS STREET, MOBILE

APRIL 26, 1989

Good morning. Senator Heflin and members of the Subcommittee on Courts, it is indeed a pleasure to have this subcommittee in Alabama for what I understand will be three hearings on a most important issue--that of drugs. One has only to pick up the newspaper or turn on the television to know that this country, and for that matter nations around the world, are battling drug crises of epidemic proportions. It is quite apparent, however, that no nation's drug problem is as severe as that faced by this country. It is also apparent that this "plague" is a clear and present danger to the well-being of this nation.

I know that this subcommittee will be bombarded by numerous statistics on drugs but I want to share just a few statistics that indicate the growing toll that drugs are taking on this nation. In a recent article from Newsweek magazine, it was indicated that there were 470 deaths in the U. S. related to cocaine in the year 1984. By 1988, cocaine deaths had risen to 1,582. This same article stated that in 1984 there were 7,155 cocaine-related illnesses in the U.S. By 1988, these illnesses had risen to almost 40,000.

The proliferation of drugs is no longer limited to big cities and suburban areas. Illicit drugs are now hot commodities in the backwoods of America. The small east Georgia town of Waynesboro is referred to as "crack city". Last year, the sheriff of Burke County, where Waynesboro is located, arrested 100 drug dealers. The county population is 21,000, so the ratio is one drug dealer to every 200 residents. Let's get a little closer to home. In Barbour County, Alabama, which is less than 150 miles from here, the sheriff there has made 40 crack arrests in the last two months. I understand that the drug of the 1990s will be something called "crank"--the poor man's cocaine. Regardless of the name, this drug and the other illicit drugs pose many problems for this nation.

Can we win in this "battle against drugs"? Many experts say that it will be a long, hard fight and may take from 10-20 years. In the meantime, however, I think all of us agree that we must do everything within our power to "wage full-fledged war" on the sale of illicit drugs. To do less would be to betray the trust of thousands of people, both young and old, who have not fallen victim to this scourge on society. We must somehow convey to our people that illicit drugs are detrimental to one's well-being. They also cause great suffering to countless families; they erode communities and they weaken a nation. And yes, they can kill. When a public figure such as Len Bias, the great Maryland basketball star, falls victim to drugs, it makes national headlines. But what about the less well-known people who die because of an overdose? And what about the killings and gang wars in our metropolitan areas caused by fighting over drug turfdom? We must let people know that the sale of illicit drugs and the subsequent use of these drugs affect an entire community. The user becomes dependent on the drug and will do almost anything to get money to buy it. This results in higher crime rates affecting many people.

I know that there is currently a great deal of debate about strategies dealing with the war on drugs. There are a number of well-informed people who would support "supplyside" strategies--the law-enforcement war against drug trafficking. Other knowledgeable people support strategies dealing with the "demand side", which includes prevention, treatment and deterrence of drug use. Obviously, those of us in the education community must work within strategies from the "demand side"--strategies that focus on awareness efforts to inform students and adults about the harms of substance abuse and efforts to deter the use of drugs. I will touch on the treatment aspect in a few minutes.

Let me take a few minutes now to give you a brief overview of what we are doing in the public schools of Alabama in the area of drug education. I will not go into detail on our substance abuse program, since each of the committee members will be given copies of Alabama's Course of Study on Health Education. We firmly believe that the education of students about the harms of drug/alcohol abuse should begin at a very early age. This is why we begin with our kindergarten students with instruction on understanding that substances can be used safely or dangerously. This instruction continues throughout every grade level as students progress toward graduation from high school.

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Now to my recommendations to this subcommittee relative to the federal government's involvement in this battle against substance abuse. I strongly urge the following:

- The continued federal financial assistance in the fight against drugs that has come to local school systems throughout this state and nation as part of awareness programs. I sincerely believe that this has made a considerable impact in helping to educate our students about the consequences of illicit drugs. In many cases, this has helped some poorer systems initiate drug programs and helped others improve on already existing ones. I strongly urge that you continue this program.
- I also want to encourage the continued support for the new initiatives for schools as part of the drug-free schools program. It is my understanding that Education Secretary Lauro Cavazos has just announced the expansion of present efforts of this program. These initiatives include printed materials, videos, public service announcements and other materials aimed at helping both students and parents. I hope these efforts will continue to be supported in the future.
- I mentioned a few moments ago public service announcements that assist in making students aware of the dangers of drugs. I hope that there will be a continuation of these from the national level, utilizing well-known

public figures with whom youngsters readily relate. We all know that students spend a great deal of time in front of the television set and I believe that these public service announcements have had an impact and will continue to have a positive impact on how our young people feel about the use of illicit drugs.

- Finally, I believe that the federal government must become more involved in the rehabilitation phase of the drug addict than has been the case in the past. Admittedly, this would involve the expenditure of funds "after the fact," but we cannot turn our backs on those individuals who have fallen prey to drug addiction. We are all aware of the tremendous costs for hospitalization and treatment--costs that the average family could not afford if a family member needed special treatment in a drug rehabilitation facility. I strongly urge that consideration be given to programs that will assist families as they attempt to rehabilitate and restructure the life of a person suffering from the myriad problems caused by the use of drugs.

I appreciate the opportunity to appear before this subcommittee. The work you do and the information you assemble during these hearings will help thousands of individuals in the future. We must continue our efforts to make all people, children and adults, aware of the harms of drugs. Adults must set a good example and become "role models" for our children. We must strive to make certain that the schoolhouse as well as the work place is drug-free. It goes without saying that if there are no drugs in the community, there are no drugs in the schools.

Again, thank you for this opportunity and we appreciate greatly what this subcommittee is doing.

Senator HEFLIN. Thank you, Dr. Teague. I have a few questions, but I think we will go ahead with the other witnesses as a panel, and then ask questions relative to the matter of education.

Ms. Crawford, would you give us your testimony?

We would appreciate it if the witnesses would try to summarize their testimony. They have written testimony that would be entered in the record in full, and will even have an opportunity later if you feel like that you had omitted something to place it into the record. You can be sent a copy of your testimony that you give here today, and you can add to it.

But from the viewpoint of time, we would appreciate it if everyone would summarize and limit their remarks to 5 minutes.

Ms. CRAWFORD.

STATEMENT OF PATRICIA D. CRAWFORD, DRUG COORDINATOR FOR THE MOBILE COUNTY SCHOOL SYSTEM, MOBILE, AL

Ms. CRAWFORD. Thank you, Senator Heflin, for inviting us to this committee, and we are so pleased to give you our comprehensive plan here in the Mobile County schools.

For substance abuse prevention, as we about—said here this morning—the abuse of drugs is a serious problem that effects every corner of our society.

We know that nowadays young people are experimenting at earlier and earlier ages, and their attitudes toward drugs are becoming more and more lenient. They are not only experimenting more, but are experimenting with less conspicuous drugs. They are also becoming more creative in their drugs of choice.

These facts are backed up by surveys that we have taken here in Mobile County in 1971, 1981, and 1987. We showed that from 1971 to 1981, students had started to experiment with drugs at 2½ times more than in 1987—43 percent of our students saying that they have experimented with drugs at some time in their life. Not only with illicit drugs, but the use of alcohol rose greatly. Students are now saying that 73 percent of them have experimented with alcohol before the 12th grade.

We could go on and on in our survey to show that all of the usages of, particularly, a strong incline in inhalants use.

To show you the difference back in 1981 when we took a survey, we had no questions pertaining to cocaine, but this year we will be very anxious to see the results of our 1989 usage survey to see how many students are currently experimenting with cocaine.

However, most importantly in our 1987 survey, sixth grade students said that those who had been exposed to some sort of drug education program were less likely to experiment with drugs. Therefore, then, there is local evidence to show that prevention through education is a viable deterrent.

We also believe that only through a consistent and firm message, not only from the schoolhouse, but from the community, can our students benefit from our drug prevention efforts. Therefore, we have, as Dr. Teague has said, a comprehensive curriculum beginning at the kindergarten level, and our curriculum includes the parent and the teacher and the community as a whole.

You know, as we have said earlier, a county, such as Mobile County, has a high potential for becoming one of the most drug inundated communities here in the United States. We are in what I believe they call a "drug corridor," all the way from Miami to California by us being here on I-10, and not only on I-10, but on the waterways as well.

Therefore, we feel that it is very important here in Mobile County that we have a comprehensive substance abuse program, and only through the funding that we receive from Congress, from the Drug-Free Schools and Communities Act, will we be able to implement a comprehensive program.

Our comprehensive program is a program that was developed by the C.E. Mendez Foundation, which is taught to our students, kindergarten through eighth grade, by the classroom teacher. Our students receive on a weekly basis lessons in peer pressure, good self-esteem, decisionmaking, and substance awareness. This drug education program gives students the factual information and the positive attitude they need to help them make intelligent decisions about substance abuse in the face of powerful peer pressure.

The comprehensive program also includes parent education classes and teacher in-service classes. Because drug prevention efforts are most successful when students get messages that are consistent from school and home, teachers and parents are taught the scope of drug use in our society, prevention techniques, and the importance of adult role models.

In addition, we also have what we call "an intervention component," and in that intervention component, teachers and guidance counselors are trained to counsel with students who are at risk of becoming substance abusers, or who are currently abusing substances. If the student's problem is beyond their expertise, then the team will refer them on to treatment centers.

As you know, drug education classes and intervention programs can only be effective if they are reinforced by a strong school discipline policy that establishes clear and specific rules that drug use will not be tolerated. The Mobile public schools have such a policy, and this policy is reinforced or enforced by our school system's resource officers.

The Mobile County public schools has maintained a school resource officers' program since 1978, and it is their major responsibility to enforce the discipline policy and implement security measures to eliminate drugs on school premises. The resource officers act as a liaison between the principal and the local law enforcement agency.

Through a program of education, intervention, and enforcement of drug laws, educators can help the community in its fight against drugs by helping eliminate the demand. However, only through continued funding from the Drug-Free Schools and Communities Act can educational institutions be able to carry out this comprehensive program, because only through, we feel, a 13-year program of students, kindergarten through graduation, receiving the consistent message that drug abuse is not only detrimental to the individual, but to society as a whole, will we be able to see results. We feel that this will cause a drastic reduction in the demands for drugs.

[The prepared statement of Ms. Crawford follows:]

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The Mobile County Schools' Comprehensive Plan for Substance Abuse Prevention

The abuse of drugs is a serious problem that affects every quarter of our society. Nationwide research indicates that young people are experimenting with drugs at earlier ages and that they are developing more lenient attitudes toward drugs as an accepted part of their social environment.

This alarming fact is supported in Mobile County by three surveys which have been conducted in the past sixteen years indicating that the types of drugs students are using have changed to those that are less conspicuous. Students have also become more "creative" in their drugs of choice.

> **The extent of student drug use in the Mobile area was measured on three occasions: 1971, 1981, and most recently, 1987. The executive summary of the 1987 survey revealed the following: In 1981, 42% of students in Mobile said they had experimented with at least one illicit drug; that usage level was almost 2 1/2 times higher than 1971. The 1987 survey shows a 43% usage rate. Among specific drug categories, use of alcohol rose from 71.3% to 73.1% (1981 vs 1987); cigarettes from 52.4% to 54.8%; inhalants from 7.4% to 20.9%; depressants from 12.9% to 15.1%; marijuana use declined from 39.1% to 27.1%; stimulants declined from 14.5% to 9.7%. The 1987 survey indicates 5% of students have experimented with cocaine. No questions pertaining to cocaine were posed in the 1981 survey. The Mobile Schools recently participated in a drug usage survey; the results of which will be available in June, 1989.**

However, most importantly, the 1987 survey indicated that at the sixth grade level, those students who were exposed to some type of drug education program were less likely to experiment with drugs than those students who had not participated in such a program. There is, then, local data to support prevention through drug education as a viable deterrent. This is but one component in the development of a strong prevention effort.

In order for children to benefit from the total drug prevention effort, the community must deliver a message that is firm and consistent.

Ideally, then, prevention should have a strong basis to include a comprehensive curriculum beginning at the kindergarten level and should include parents, schools, students, and the community.

It becomes quite obvious from statistics cited, that a school system as large and diverse as the Mobile County School System has the potential for massive drug abuse if a total prevention effort is not in place which has the support of the entire community.

The Mobile County School System has had the semblance of a Substance Abuse Prevention Program for years. Unfortunately, the financial problems of the system severely limited its effectiveness and prohibited any expansion. The passage by Congress of the Drug-Free Schools and Communities Act of 1986, which for the first time provided Federal funding for local school systems, provided the financial backing which the Mobile Schools so desperately needed. This funding has enabled the system to make tremendous advances in implementing a comprehensive program of prevention and intervention affecting students, parents, teachers, and the entire community. (This comprehensive program is implemented in all schools public and non-public.)

The Mobile County Schools' drug education program consists of drug education classes for students kindergarten through eighth grade. The curriculum was developed by the C. E. Mendez Foundation of Tampa, Florida. The topics include peer pressure, good self-esteem, decision-making and substance awareness. This drug education program gives students the factual information and positive attitude they need to help them make intelligent decisions about substance abuse in the face of powerful peer pressure.

The comprehensive program includes a parent education component and a teacher in-service component. Because drug prevention efforts are most successful when students get messages that are consistent from school and home, teachers and parents are taught the scope of drug use in society, prevention techniques, and the importance of adult role models.

In addition, teams of teachers and guidance counselors in each middle and high school are specially trained to counsel with students at-risk of becoming substance abusers or who are currently abusing substances. This student assistance team will offer counseling to those who will benefit from it and make referrals for those whose problems are beyond the team's expertise. This is the intervention component of the comprehensive substance abuse prevention program.

Drug education classes and intervention programs can only be effective if they are reinforced by a strong school discipline policy that establishes clear and specific rules that drug use will not be tolerated. Mobile Public Schools have such a policy. Included in this policy are strong corrective actions which are enforced fairly and consistently by school system resource officers.

The Mobile County Public School System has maintained a school resource officers' program since 1978 whose major responsibility is to enforce the discipline policy and implement security measures to eliminate drugs on school premises. The resource officers act as a liaison between the principal and the local law enforcement agency.

Through a program of education, intervention, and enforcement of drug laws, educators can help the community in its fight against drugs by helping to eliminate the demand. However, without continued funding through the Drug-Free Schools and Communities Act, educational institutions will not be able to carry out this comprehensive plan. Only through a thirteen- year cycle of children, kindergarten through graduation, benefiting from a consistent message that drug abuse is not only detrimental to the individual, but has a devastating affect on society as a whole, will we be able to see results. If there is a drastic reduction in the demand for drugs, then the war, virtually, will be won.

Submitted by:

Substance Abuse Prevention Program
Mobile County School System
Patricia D. Crawford, Coordinator

Senator HEFLIN. Thank you.

Ms. Doss, we are delighted to have you from Cullman County to come talk with us today.

STATEMENT OF PEGGY JEAN DOSS, DRUG COORDINATOR FOR CULLMAN COUNTY SCHOOLS, CULLMAN, AL

Ms. DOSS. Thank you, Senator, and your subcommittee also for hearing our address in this great and important issue that faces our Nation and our States and communities today.

America today is a sophisticated, high-tech society, but as we examine our Nation we find that we have become a nation of abuse. Child abuse, spouse abuse, and alcohol and drug abuse are increasingly affecting us and our young people.

Americans now consume 60 percent of the world's production of illegal drugs. An estimated 20 million are regular users of marijuana, 4 to 8 million are cocaine abuses, and 500,000 are heroin addicts.

Drugs are flooding our Nation. This year, more than 12 tons of heroin, 65 tons of marijuana, and 150 tons of cocaine will spread across this land from the large cities to the rural areas.

Sales of illegal narcotics will total $100 billion annually—more than the total net sales of General Motors, and more than American farmers take in from all crops. This multibillion dollar business also is sickening and killing people in record numbers.

Beyond the personal tragedy and waste is the cost to society. As drugs have moved out of the ghetto and into the work place and the military we see a decline in economic productivity and National security. As bus drivers and lawyers and assembly-line workers become addicted, innocent consumers are put at risk. Our Government estimates that the lost productivity, absenteeism, and higher accident rates cost employers $33 billion annually.

Though the current use and the sale and usage statistics are frightening, we know America did not become a drug society overnight. The use of drugs can be traced back to the early 2000 B.C. in Greece and Cyprus. Drugs were used in the Middle Ages, and opium trading was going on in this country during George Washington's time. During the 1860's, the medical society was prescribing opium-based concoctions to treat everything from headaches to skin rashes.

Cocaine became popular in the United States during the late 19th century. U.S. pharmaceutical companies sold at least 15 products containing cocaine, including cigarettes, cheroots, and face power. In 1907, the Government began to pass laws regulating the sale and use of cocaine.

Marijuana began arriving in large quantities in the United States in the 1920's and 1930's. During the 1950's, the Beat Generation artists began to do drugs, and by 1960, there was a whole generation who were using drugs, but knew relatively little about them. Though the Government tried to give warnings about the dangers of marijuana, when it was discovered that smoking it did not drive one wild or mad, the Government lost credibility in the sight of these uses, and abuse became more of a problem.

This was the age of youth rebellion and parents' attitudes against drugs only seemed to increase their allure to young people. Hollywood and Broadway, even sensitive to the changing mores, did their part to romanticize the drug culture in movies and plays. In the 1960's Baby Boomers followed the same path as their counterparts in the 1890's in that and they were fooled into thinking they could use drugs recreationally and not become addicted.

Now, let us look at the drug problem, and how it relates to the schools. Information cited by the California Department of Education shows that in 1940, there were seven major discipline problems in our schools—talking, chewing gum, making noise, running in the halls, getting out of turn in line, and wearing improper clothing and not putting paper in the waste can.

But, well, would it not be nice today, Dr. Teague? [Laughter.]

By 1982, the major discipline problems had jumped to 17—drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery, assault, burglary, arson, bombing, murder, absenteeism, vandalism, extortion, gang warfare, abortion, and veneral disease.

Schools of today must deal with kids who sell crack on the one hand and versus the little girl lost on the other.

In the article, "Kids Who Sell Crack," by Jacob V. Lamar, featured in the May 9, 1988, issue of Time, we read that 9- to 10-year-olds can make $100 a day selling crack. Many young dealers use crack profits to help their struggling families and the extra cash that appears on the kitchen table often encourages parents to look the other way while their youngsters become involved in the dangerous life of drugs and crime. It is difficult for schools to impress on these kids the perils of this life when it is helping to feed their families.

Peer pressure also has a great effect on students, especially in large urban areas. Students who sell drugs have the money to buy the Mercedes, Jeeps, and Cadillacs. They wear their Rolex watches, $150 Bally shoes and $2,000 outfits. For some kids, the pressure to look right and fit in is just too much to handle.

From the article, "The Secret of Drew Barrymore," featured in the January 16, 1989, issue of People, we see even a young person, who seems to have everything on the surface, may be tormented inside. Listen to her story. Drew was a star of the movie, "E.T.," at age 7. She had her first drink when she was 9, began smoking marijuana at 10, and at 12 took up cocaine. Now only 13, she has twice undergone extensive drug rehabilitation treatment. How can schools deal with this problem of drugs?

My school system does not have any movie stars in school or students wearing $2,000 outfits, but we do have drugs among our students. The Cullman County school district is 49 miles from Birmingham, 32 miles from Decatur, and 50 miles from Huntsville, with a population of 74,000 and a student enrollment of 9,000.

Any school system in the State of Alabama or the Nation that says they do not have a drug problem has their head in the sand. No place escapes it in this day and time. We may not have the drug problem to the extent that large metropolitan areas have, but yes, we do have a drug problem.

What I mean by "problem" is that the students may not necessarily be selling or taking drugs while at school, but they are taking them on the weekend and after school. Officially, this may take the burden of the problem from the schools, but the students still have the problem, and it must be dealt with.

After working more than 20 years in the field of education, I think I know some of the answers to our drug problem, although no one has all the answers.

As I said earlier, we have become a nation of abusers. Drug abuse is not an isolated problem in our society, for in most instances where you find drug abuse, you also find child abuse, spouse abuse and alcohol abuse. For too long we have tried to treat the drug abuse by itself. It will not work.

Webster's definition of abuse is "improper use or treatment or misuse." The question facing the schools is whether to treat all use by students as abuse. One thing we do know is that students must be approached about this problem before they reach high school.

In 1985, some 61 percent of American high-school seniors admitted trying illegal drugs. Fifty-four percent use marijuana on a regular basis. These figures are down from those of 1979, but we are still the highest in the developed world.

The focus should begin in the early grades, even kindergarten, to increase self-esteem and a healthy concept of self-worth. Many students become involved in drugs, because they lack self-esteem, and they have no support or encouragement from any other sources. Students involved in drugs do not always come from poor socioeconomic backgrounds, but usually come from homes where they do not feel loved or cared for.

It seems that whenever society fails to deal with a problem, it is left up to the public schools to handle it. I feel that concerning the drug problem, the churches and homes have failed, and once again, are looking to our schools to solve it.

Society has been critical with the public schools' handling of the drug problem. Teachers are expect to come up with solutions in an area in which they have little or no training. The schools can only do so much. A comprehensive drug program that will make a difference in our schools requires a cooperative effort among schools, law enforcement, homes, and the community. No one agency can solve the drug problem alone.

Now, what can school systems do? The strength and success of the problem we have in Cullman County can be credited to two men—Jim Boyd, the superintendent of Cullman County Schools, and Wendell Roden, the sheriff of Cullman County. Under their direction and full cooperation, three initial meetings were held. The first featured student leaders of high schools, the second, ministers of various churches of different denominations in Cullman, and the third, the guidance counselors of the schools in our system. Following the third meeting, each presentation was reviewed.

In the summer of 1987, a 3-day meeting was held involving law enforcement officials, judicial representatives, juvenile probation officers, mental health officials, religious counselors, North Central Alabama Regional Alcohol Council representatives, Cullman County district attorney, school administrators, elementary and secondary teachers, guidance counselors, school nurses, central office staff, and representatives from the State Department. This group developed a drug education curriculum for Cullman County schools.

Our next step was to develop a plan for public awareness and increasing parents' participation. An expert from NASA in the field of media was hired by the system to create and present a slide presentation. The slides were made in Cullman County and featured several of our community leaders and elected officials. Every civic group in the county was contacted by letter to inform them about the slide presentation and its availability to them.

We were asked by U.S. Attorney Frank Donaldson to present this program several times all over north Alabama and last year at the Governor's Drug Conference.

According to Federal guidelines of the Free-Drug Schools and Communities Act, the first step a school must take is to initiate a public awareness program. We feel we have accomplished this step successfully.

During the school year of 1987-88, we set up a cooperative effort between law enforcement and education. The sheriff's department paid to send one of its deputies to a 2-week training course in the DARE program. That deputy was then made available to our schools on a full-time basis, Monday through Friday.

This was a learning experience for all of us. It was during this year that we realized that high school was too late to begin a drug education program. While working with the high-school students, the deputy was often told by the students that his information and time were appreciated, but they had already made the decision to use drugs. After this year of trial, concentrated efforts were made to focus the program at the elementary level.

All this was done before any Federal funds were provided to us. Drug education has been a State mandate in Alabama since 1972, but still no State funds are available.

To determine what program would target elementary grades and be best to use in our schools, we researched programs in our State and in other States. The DARE program, or Drug Abuse Resistant Education, originated in Los Angeles, CA, and it is a 17-week course designed for students in the fifth or sixth grade. We use it in the sixth grade.

The DARE covers four areas—providing accurate information about alcohol, tobacco and drugs, teaching students decisionmaking skills, showing students how to resist peer pressure, and giving students ideas for alternatives to drug use. Workshops were held to instruct teachers and principals in how to use the program.

We have not yet discovered any outstanding program for use in high schools. We tried to invite speakers that might interest those students.

The schools also use the McGruff's Drug Prevention and Child Protection Program and the Just Say No clubs to combat the problem, but we do not feel that just saying "no" will work. We think students should know why, as well as how to say it.

Rules and regulations are necessary and must be enforced and we have these in our schools. Prisons and prosecution are necessary as well. I do not deal in that, but consider this: in Alabama every year we spend $8,995 to house one criminal, but only $1,647 on our elementary and secondary students.

As drug coordinator, I recently asked a group of students who should be concerned with correcting our drug problem. Their overwhelming answer was "everyone."

We will not know for several years if our elementary drug program is effective, and you may wonder why we begin as early as kindergarten. These children have already been exposed to all the abuse we read and hear about, even at this tender age.

The drug problem will not destroy our Nation today or tomorrow, but it we do not deal with it soon, it will destroy our future.

Our system will always be searching for a better program. For two years, we have received Federal money, but it averaged to $2.61 per student. Is that enough?

It is difficult to deal with the drug problem when greed and money are involved. A student can make $50,000 to $60,000 a year, so the threat of a 6-month sentence is not a great one to them. We must provide for them a sound, effective drug program that will clearly present the perils of drug use—and how and why to say no.

We have just completed a statewide public school drug survey. This survey was used to determine if patterns of drug use differ by student characteristics like sex, age, academic achievement, as well as variables related to parental supervision and participation in school and community activities.

We know that schools cannot treat a drug addiction and we do not attempt to. One thing we feel is important, though, is that a student on drugs must have a strong support network to get off and stay off. We must try to be part of that network.

A kindergarten student in our system recently asked the question, "If drugs are bad for you, why do we have them?" In closing, let me say, I hope by the time he reaches the sixth grade, through effective drug education, he will understand why drugs are bad for him.

Once again, let me say thank you for having this opportunity to let me speak to you.

[The prepared statement of Ms. Doss follows:]

DRUG EDUCATION
CULLMAN COUNTY SCHOOLS
CULLMAN, ALABAMA

Peggy Jean Doss
Drug Coordinator
Cullman County Schools

I am Peggy Jean Doss, Drug Coordinator for Cullman County Schools. I would like to thank the Senate Judiciary Committee, Sub-Committee on Courts and Administrative Practice for this opportunity to address them.

America today is a sophisticated, high-tech society, but as we examine our nation we find that we have become a nation of abuse. Child abuse, spouse abuse, and alcohol and drug abuse are increasingly affecting us and our young people.

Americans now consume sixty percent of the world's production of illegal drugs. An estimated twenty million are regular users of marijuana, four million to eight million more are cocaine abusers, and 500 thousand are heroin addicts. Drugs are flooding our nation. This year, more than twelve tons of heroin, sixty-five tons of marijuana, and 150 tons of cocaine will spread across the land from large cities to rural areas. Sales of illegal narcotics will total $100 billion annually - more than the total net sales of General Motors and more than American farmers take in from all crops. This multi-billion dollar business is also sickening and killing people in record numbers.

Beyond the personal tragedy and waste is the cost to society. As drugs have moved out of the ghetto and into the work place and the military we see a decline in economic productivity and national security. As bus drivers, lawyers, and assembly-line workers become addicted, innocent consumers are put at risk. Our government estimates that lost productivity, absenteeism, and higher accident rates cost employers thirty-three billion dollars annually.

Though current drug sale and usage statistics are frightening, we know America did not become a drug society over night. The use of drugs can be traced back to as early as 2000 B.C. in Greece and Cyprus. Drugs were used in the Middle Ages, and opium trading was going on in this country during George Washington's time. During the 1860's the medical society began prescribing opium-based concoctions to treat everything from headaches to skin rashes. Cocaine became popular in the United States during the late nineteenth century. U.S. pharmaceutical companies sold at least fifteen products containing cocaine, including cigarettes, cheroots, and face powder. In 1907 the government began to pass laws regulating the sale and use of cocaine.

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This was the age of youth rebellion, and parents' attitudes against drugs only seemed to increase their allure to young people. Hollywood and Broadway, ever sensitive to changing mores, did their part to romanticize the drug culture with movies and plays. In the 1960's the Baby Boomers followed the same path as their counterparts in the 1890's in that they were fooled into thinking they could use drugs recreationally and not become addicted.

Now let us look at the drug problem and how it relates to the schools. Information cited by the California Department of Education shows that in 1940, there were seven major discipline problems in our schools: talking, chewing gum, making noise, running in the halls, getting out of turn in line, wearing improper clothing, and not putting paper in wastebaskets. By 1982, the number of major discipline problems had jumped to seventeen: drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery, assault, burglary, arson, bombings, murder, absenteeism, vandalism, extortion, gang warfare, abortion, and venereal disease.

Schools of today must deal with kids who sell crack on one and versus the little girl lost on the other. In the article, "Kids Who Sell Crack" by Jacob V. Lamar, featured in May 9, 1988 issue of Time, we read that nine and ten-year-olds can make $100 a day selling crack. Many young dealers use crack profits to help their struggling families, and the extra cash that appears on the kitchen table often encourages parents to look the other way while their youngsters become involved in the dangerous life of drugs and crime. It is difficult for schools to impress upon these kids the perils of his life when it is helping to feed their families.

Peer pressure also has a great effect on students, especially in large urban areas. Students who sell drugs have the money to buy Mercedes, Jeeps, and Cadillacs. They wear Rolex watches, $150 Bally shoes, and $2000 outfits. For some kids, the pressure to look "right" and fit in is just too much to handle.

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Any school system in the state of Alabama or the nation that says they do not have a drug problem has their head in the sand. No place can escape it is this day and time. We may not have the drug problem to the extent that large metropolitan areas have, but yes, we do have a drug problem. What I mean by problem is that the students may not necessarily be selling or taking the drugs while at school, but they are taking them on week-ends and after school. Officially, this may take the burden of the problem from the schools, but the students still have the problem and it must be dealt with.

After working more than twenty years in the field of education, I think I know some of the answers to our drug problem, although no one has all the answers. As I said earlier, we have become a nation of abusers. Drug abuse is not an isolated problem in our society, for in most instances where you find drug abuse you will also find child abuse, spouse abuse, and alcohol abuse. For too long we have tried to treat drug abuse by itself. It just will not work.

Webster's definition of abuse is "improper use or treatment; misuse." The question facing the schools is whether to treat all use by students as abuse. One thing we do know is that students must be approached about this problem before they reach high school. In 1985, some sixty-one percent of American high school seniors admitted trying an illicit drug. Fifty-four percent used marijuana on a regular basis. These figures are down from those of 1979, but are still the highest in the developed world.

The focus should begin in the earlier grades, even kindergarten, to increase self-esteem and a healthy concept of self-worth. Many students become involved in drugs because they lack self-esteem, and have no support or encouragement from any other sources. Students involved in drugs do not always come from poor socioeconomic backgrounds, but usually do come from a home where they do not feel loved and cared for.

It seems that whenever society fails to deal with a problem, it is left up to the public schools to handle it. I feel that concerning the drug problem the churches and homes have failed and once again are looking to our schools to solve it. Society has been critical with the public schools' handling of the drug problem. Teachers are expected to come up with solutions in an area in which they have little or no training. The schools can only do so much. A comprehensive drug program that will make a difference in our schools requires a cooperative effort among schools, law enforcement, homes, and the community. No one agency can solve the problem alone.

Now, what can school systems do? The strength and success of the program we have in Cullman County can be credited to two men: Jim Boyd, Superintendent of Cullman County Schools, and Wendell Roden, Sheriff of Cullman County. Under their direction and full cooperation, three initial meetigs were held. The first featured student leaders of the high schools, the second, ministers of various churches of different denominations in Cullman, and the third, the guidance counselors of the schools in our system. Following the third meeting each presentation was reviewed.

In the summer of 1987, a three-day meeting was held involving local law enforcement officials, judicial representatives, juvenile probation officers, mental health officials, religious counselors, North Central Alabama Regional Alcohol Council representatives, Cullman County District Attorney, school administrators, elementary and secondary teachers, guidance counselors, school nurses, Central Office staff, and representatives from the State Department of Education. This group developed and approved a drug education curriculum for Cullman County schools.

Our next step was to develop a plan for public awareness and increased parent participation. An expert from N.A.S.A. in the field of media was hired by the system to create and present a slide presentation. The slides were made in Cullman County and featured several of our community leaders and elected officials. Every civic group in the county was then contacted by letter to inform them about the slide presentation and its availability to them. We were asked by United States Attorney Frank Donaldson to present this program several times all over North Alabama and last year at the Governor's Drug Conference. According to Federal guidelines of the Free-Drug Schools and Communities Act, the first step a school must take is to initiate a public awareness program. We feel that we accomplished this step successfully.

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All this was done before any Federal funds were provided to us. Drug education has been a state mandate in Alabama since 1972, but still no state funds are available.

To determine what program would target elementary grades and be best to use in our schools, we researched programs in our state and in other states. The D.A.R.E., or Drug Abuse Reistant Education, originated in Los Angeles, California, and is a seventeen-week course designed for students in fifth or sixth grades. We use it in the sixth grade. D.A.R.E. covers four areas: providing accurate information about alcohol, tobacco, and drugs; teaching students decision-making kills; showing students how to resist peer pressure; and giving students ideas for alternatives to drug use. Workshops were held to instruct teachers and principals in how to use the program. We have not as yet discovered any outstanding programs for use in the high schools, but try to invite speakers that might interest those students.

The schools also use the McGruff's Drug Prevention and Child Protection Program and the Just Say No clubs to combat the problem, but we do not feel that just saying "no" will work. We think students should know why as well as how to say it.

Rules and regulations are necessary and must be enforced, and we have these in our schools. Prisons and prosecution are necessary as well. I do not deal in that, but onsider this: in Alabama every year we spend $8995 to house on criminal, but only $1647 on our elementary and secondary children.

As Drug Coordinator, I recently asked a group of students who should be concerned with correcting our drug problem. Their overwhelming answer was "everyone." We will not know for several years if our elementary drug program is effective, and you may wonder why we begin as early as kindergarten. These children are already being exposed to all the abuses we read and hear about, even at this tender age. The drug problem will not destroy our nation today or tomorrow, but if it is not dealt with soon, it will destroy our future.

Our system will always be searching for a better program. For two years now we have received Federal monies, but it averages $2.61 per student. Is this enough? It is difficult to deal with the drug problem when greed and money are involved. A student can make $50,000 to $60,000 a year, so the threat of a six-month sentence is not a great one to them. We must provide for them a sound, effective drug program that will clearly present the perils of drug use - how and why to say "no."

We have just completed a state-wide public school drug survey. This survey was used to determine if patterns of drug use differ by student characteristics like sex, race, age, academic achievement, as well as variables related to parental supervision and participation in school and community activities.

We know that schools cannot treat drug addiction, and we do not attempt to. One thing we do feel is important, though, is that a student on drugs must have a strong support network to get off and stay off. We can try to be a part of that network.

A kindergarten student in our system recently asked the question, "if drugs are bad for you, why do we make them?" In closing, let me say: I hope that by the time he reaches sixth grade, through effective drug education, he will understand why drugs are bad for him.

Once again, let me thank you for the opportunity to address you on this very important issue.

Respectfully submitted,

Peggy Jean Doss

Peggy Jean Doss

Senator HEFLIN. Well, thank you. We appreciate the testimony of each of you.

I have been greatly impressed at the first grade, second grade, third grade level of the use of computers in acquiring learning skills. I have seen several educational institutions—been in there and watched—where computers helped children learn their ABC's. There are even software programs that are designed in regard to education to help track the basic elements of an education.

I just wondered if there is a field of the use of a software computer program that could be helpful relative to educating young people at an early age about the evils of drugs?

Dr. TEAGUE. Sir, I am sure they are available, and my instructions to staff will be to look into that for you. I am sure they are available, and you are absolutely right. That would one of the quickest, easiest and most effective way for youngsters to learn.

Senator HEFLIN. If they had something on a computer board that—I mean, touching that thing they knew was evil, it might well be the sort of a thing that might have some effect on them. The thought just occurred to me. I do not know whether this would be effective.

Go ahead, Ms. Crawford.

Ms. CRAWFORD. Senator Heflin, I would like to respond to that. To me, I think we are falling into the trap that has caused some of the drug abuse in our country. I would feel like you are taking away the personal aspect of dealing with children and responding to them personally and responding to them human to human, teacher to student, and parent to student.

Teachers have wonderful lessons to let the kindergartner know what is good for his body, and what is not good for the body. They do little demonstrations in puppet shows and one on one with Mr. Yuck and Mr. Yum, what is good for the body, and what is not good for the body. They do the old-fashion kind of bulletin board concepts with a big huge face that has a mouth in it, and students have the choice of putting in objects that should go in that mouth and objects that should not go in that mouth, and I think that you would be losing that wonderful human contact with children if all we do is sit them in front of computers and video boards that we have for the last couple of years.

Senator HEFLIN. Well, I would not eliminate the personal contact. It would be whether there could be a supplement to it.

Ms. CRAWFORD. Yeah, certainly a supplement. I would think so—a supplement—but I hope we would not go that——

Senator HEFLIN. It has come through to me that we have got to reverse what we classify as peer pressure into a positive peer pressure against drug use. I do not think there is any question that young people want to get along with their peers. If some way or another, from an educational viewpoint, children realize that drug use runs against the grain of their peers, then I think we could accomplish a great deal.

The peer pressure that we usually refer to today is the pressure to do the wild, to do the exciting and things of this sort, and I favor the idea of coordinating the parents, teachers, students. I think churches ought to be involved in similar situations, because churches develop mores and develop a concept of standards and a moral code, as well as educational institutions.

Dr. TEAGUE. Senator, I might just make one comment on that. What we are facing also is that the society is changing. We talk about churches and homes, and we still think of the home as having a mother and a father and a couple of kids. That is not the case in half of the families of this country, and certainly the church attendance is down each year. So more and more, the standard ways of looking at our communities give inaccurate information. We have got to change our ways of working and looking at them.

Senator HEFLIN. The issue arises across the board on drug testing, and there are constitutional problems that are involved in it, and I do not ask anybody to make any statement as to whether or not there should or should not be drug testing, but assuming that it could be constitutionally done, would random drug testing help in schools?

Dr. TEAGUE. No doubt about it in my mind. I am sure you know, Senator, that in certain segments of our country—our society—it is constitutional, and all of our bus drivers will get by in 1991 without going through drug testing. I think the constitutional limitations will be gracefully worked out to where certain groups of us will be tested. I hope that is correct.

Senator HEFLIN. Well, thank you. We appreciate your testimonies, and you will be furnished with a copy of your statement and the proceedings that the transcript shows going on here. If you would like to add to it, you have that right.

And now, we have another panel. We have the Honorable William Mingus, the Chief of Police of the Mobile Police Department, Sam McLarty, the Chief Deputy of the Mobile County Sheriff's office, and Hon. Tyree Richburg, the Chief of Police of the Prichard Police Department. If you will come forward.

Chief Mingus, I understand you have an appointment that you have to meet, and we will go forward with you, and then let you be excused.

We appreciate the participation of law enforcement. This gives us a cross-section of this area as to law enforcement. I might say that Sheriff Tom Purvis came to Washington and testified before the Judiciary Committee when we were in the process of drafting legislation and gave some excellent testimony.

He pointed out, not only in the area of law enforcement, but something that probably will not be touched on too much here—maybe it will later—the international aspect of illegal drugs. He pointed out that in Turkey, we used to have a real problem with Turkey supplying heroin, and as a result of the pressure by the State Department and some threats of sanctions, threats of moving some military bases that we had out of Turkey, cooperation of the Government of Turkey was obtained and as a result, it is felt that very little heroin comes out of Turkey today.

And I know that Sheriff Purvis—as I have mentioned, his testimony was very important. He has pointed out the difficulty of policing and having border guards and coast guards that could guard the points of entry in the United States, which would probably, if you went from Maine all the way around to Seattle, you would have a total of approximately 8,000 to 9,000 miles.

But in Mexico, you have got between 1,500 to 2,000 miles of border, which the United States cannot police, plus the problem of multiple small boats that come into this country and the airplanes that come in, particularly flying at night. So we appreciate the testimony of Sheriff Purvis. He is not available today, but his Chief Deputy is here. I wanted to mention that.

Chief Mingus, would you go ahead and give us your testimony?

STATEMENT OF WILLIAM M. MINGUS, CHIEF OF POLICE OF THE MOBILE POLICE DEPARTMENT

Mr. MINGUS. Well, first of all, you have a copy of my statement in here.

One of the things that I wanted to comment on was that given an opportunity, rather than the short period of time we had to prepare a statement—3 or 4 days is just not enough time to get all of the research material ready, but what I would like to do is just highlight some of the statements I have got.

In particular, in the police department in this city, we have an increase in a lot of the property crimes—larceny and burglaries we are finding out are the direct results of drug abuse, drug users, et cetera. And we think in law enforcement that 80 to 85 percent of those crimes are directly related to the drug abuser.

We have a narcotic section that is active in the city of Mobile, and I think one thing here that needs to be said is that Mobile has a unique position where we have people from the Federal end of it and the county and State end of it. We have got a pretty good, productive unit.

I have had cooperation from the FBI, the DEA, and the U.S. Attorney's Office, plus the county and Prichard, on a lot of other task forces that we have developed over the recent years.

I even have an officer assigned to the diversion unit of the task force, and I will just brief some of these things. We have been instrumental in the State of Alabama to get good legislation in reference to the Alabama conspiracy and seizure statutes.

As you probably know, we now have a new law that gives us a right of nighttime searches.

Our officers are assigned to the drug diversion task force with the FBI—has now been responsible for the arrests and subsequent indictment of several doctors, pharmacists, and dentists by the Federal grand jury. I have recently been told as of last week we have got approximately 35 RN's and LPN's who either had their license pulled or are fixing to be pulled.

I sat here and listened to some of the other earlier testimonies, and these are the people who are the leaders of this community that students and young people looked up to, and yet, we are seeing a lot of drug abuse even in those professional areas and even in my areas, and I will admit, you know, that we have had problems within the law enforcement area, but I have dealt with it as strongly as possible, and those people are not working for us anymore.

We have over $1,008,000 now pending in property assets in Federal court. One of the things that you will see later on, and is my concern, is that I do not want the Federal legislators change what I feel like is a good system, whereby each city, counties, States, have direct access to some of the properties brought in by the drug users.

Just briefly, I just wish that when you get Federal grants awarded to State and local governments, that some of the red tape be cut out. My recommendation would be directed right to the department responsible for finances within that county, State or local Government. In my instance, it would be the Finance Director. If we are going to get a State grant for some drug diversion program, or even a pawn shop, or swap shop—those work great—but without all of the red tape that is necessary to go with those grants.

Again, maintaining that Federal forfeiture statute is, I think, a No. 1 priority. We are able to buy a lot of equipment that does not cost a taxpayer a red cent. I could go into detail what we have been able to buy through this thing. We have over $200,000 now in a special account, but it is because of the help we have had from the DEA and FBI, et cetera, that we have been able to make these cases.

I would like to see us, at least in the city and county, establish a crime commission. Those people who are the educators and leaders of the community who have hearings, such as you are having here, but on a local level, and let this crime commission be awarded a grant or receive some Federal assistance, so that the money could be earmarked for enforcement, for rehabilitation, and for incarceration.

A Federal and a State, county, citywide task force. We had that at one time, and it has been an off and on proposition, but in order to deal with the crime in my community, in particular in drug abuse, I think this should be an ongoing thing, and it should have enough Federal assistance to warrant that.

Appointing special prosecutors. We devoted part of our drug fund to have the State D.A., at least pay part of the salary for a special prosecutor. I think this would be helpful, and go to stricter regulations, and I, again, did not come here to make a speech, but I am sort of appalled at some of the network programming that my kids, and your kids, and everybody else is looking at, where they take drugs and cops and robbers techniques and make it look like a wild west show. I looked at a program the other night, and within 2 hours, there are 10 bodies laying around, and nobody mourned for them or showed any emotion at the human losses involved.

I think what we need to look at, and I do not know what the constitutional law regulates on these programs, but there should be some kind of look at what these kids are seeing on TV.

Again, my thanks for having an appearance here, but again, I would ask that in future contacts, especially in important areas of law enforcement, that we be given more time to get up some stats and things that we can put in the record for you. Thank you.

[The prepared statement of Mr. Mingus follows:]

April 26, 1989

To: Honorable Howell Heflin
United States Senator

From: William M. Mingus
Chief of Police
Mobile, AL

Senator Heflin:

The citizens of Mobile, Alabama are like other citizens throughout the United States. They view the problem of drugs and drug abuse as something that will not touch them personally, (it will not happen to them or touch members of their family). The sad news is that it has already affected the citizens of this community.

With a population of approximately 206,000 people, the City of Mobile can be called a city on the move. With the recent joining of the Tennessee-Tombigbee waterway, the Naval Homeport, soon to be a reality, a port city with attractions and history, a city connected by two Interstate highway systems, air transportation facilities, and a water-way opening into the Gulf of Mexico, Mobile is a thriving city.

The Police Department has three hundred fifty-eight officers to maintain peace and order, or, in real terms, less than two officers per 1,000 citizens.

Over the past five years, we have seen a steady increase in drug related crimes, especially in those crimes classified as Property Crimes (burglary and larceny). It is believed that a major portion of those crimes are committed by drug users. Eighty to eighty-five percent of these crimes are believed to be the work of drug users.

The Mobile Police Department's Narcotics Section has enjoyed one of its most productive years. With the assistance of the local F.B.I., D.E.A., and the U. S. Attorney's Office, we have been able to arrest and convict several of the major drug dealers/sellers in this city.

The Mobile Police Department's Narcotics Section was instrumental in obtaining State Legislation in the Alabama Conspiracy and Seizure Statutes passed in 1987. We were able to have Talwin moved from a schedule IV drug to a schedule II, meaning that a prescription has to be written to obtain Talwin, and tracing an illegal prescription is made easier.

One of my officers, assigned to the Drug Diversion Task Force, with the F.B.I., has been responsible for several doctors, pharmacists, and dentists being indicted by a federal grand jury. Approximately thirty-five RN's and LPN's have also had their license pulled, or in the process of being pulled.

We have been able to purchase a Canine Unit to assist officers in search warrants and interstate shipments coming into our city.

Total **CASH** seizures for 1987 and 1988 is placed at $324,346.00.

Approximately $1,008,000.00 is pending in Federal Court in **Property Assets.** Approximately sixty-seven vehicles have been condemned by both Federal and Circuit Courts in Mobile during the past two years.

The Mobile Police Department has accomplished the above with only thirteen people assigned to the Narcotics/Vice Section.

As you can see, the effect narcotics use has on this community is real. This city is fortunate to have groups of citizens concerned enough to assist the police in this problem. A working Crime-Stoppers program, Mobile United, Bay Area Partnership for Youth, Ministerial

Alliance, and neighborhood citizen groups have helped law enforcement efforts in the City of Mobile.

As a law enforcement official, there is more to be done. We must concentrate on FAMILY ....educate parents as to the effects of drugs on children.....programs that can touch the family unit at home, in the church, and in the schools.

Drug abuse is not only a law enforcement problem. It is a community problem.

1. Federal grants awarded to each State should have less bureaucratic red tape associated with Cities who want to participate.

2. Maintain the Federal Forfeiture Statutes now in existence, without amendments that would reduce the City/County participation in sharing assets forfeited by Federal Courts.

3. Establish a City/County Crime Commission, composed of business people, educators, law enforcement officials, and elected officials interested in crime problems within their communities. This Commission should receive federal assistance, i.e., money earmarked for enforcement, rehabilitation, incarceration of drug abusers, and financial directors responsible for auditing, etc.

4. Federal/State/County/City Special Task Force to concentrate on major importers and dealers of drugs. This Special Task Force should receive federal funding, with costs of personnel, including overtime, court time, etc. coming from the Drug Enforcement Agency's fiscal budget. In Mobile, this would be subject to the number of personnel assigned by each agency.

5. Appoint Special Prosecutors on State/Local levels to handle only those cases that involve Narcotics enforcement. This also could be done by special grants awarded to each unit of government.

6. Stricter regulations of National Network Programming, without violation of constitutional guarantees. There needs to be stricter guidelines set so that programs dealing with **"COPS and ROBBERS"** and **"Drugs"** are not glamorized for the youth of this country. Some programs give the appearance that **Death** is easy; e.g. one program has at least ten bodies in a two hour period.

These are some of the highlights that I wanted to touch on today. It does not cover all the things that need to be said. **I want Mobile, Alabama to be proud of its heritage and its future,** with each citizen involved by saying, **"I CAN MAKE THE DIFFERENCE".**

Senator HEFLIN. Well, you have an opportunity to supply that and put it as a part of the record. You can submit anything in particular when you review your testimony and add to it.

But we appreciate what you are saying in your testimony. In my judgment television is a major problem today creating the acceptability among young people relative to using drugs. It has been made attractive and so has violence, by TV movies and other mediums.

We just recently voted out of a committee a bill which does not do a great deal, but it is at least a step which would give an exception to the TV networks relative to the antitrust laws where they can get together and agree on common standards.

The bill is designed to try to allow them to create standards by which all of the networks would, in effect, display violence, and we added—and I added in the committee, a provision on drugs to allow networks an antitrust exemption to allow them. They say that they want to do better, and that they want to have standards, but they are saying that the anti-trust laws keep them from being able to do it. So this bill would give them an exemption, and I think this will be helpful.

Your testimony about the forfeitures and things, providing funds to help at a local level, certainly needs to be encouraged, and we want to support that fully.

Civil forfeitures are civil cases, and they are easier to do. You do not have the criminal constitutional problems to confront, and so it is sometimes much easier to be able to confiscate and cause the forfeiture by the Government of an airplane or a boat than it is to convict the person that might have been on the boat or the airplane. So that is something that ought to be encouraged, and something that we ought to be moving forward. The division of funds to allow it at a local level is certainly helping in many ways.

We will certainly pass on to Dr. William Bennett this matter of redtape, and that certainly, in my judgment, that we do not need anymore governmental redtape. I think that there is some experimentation and sort of a cross-fertilization of various ideas, and perhaps maybe they have done that, but in regards to helping, in particular, helping here in this area where you are a port city and do have unusual problems, you ought to be giving it top priority and it ought to be expedited.

We thank you for your testimony, and now Chief McLarty, we would be delighted to hear from you.

STATEMENT OF SAM McLARTY, CHIEF DEPUTY OF THE MOBILE COUNTRY SHERIFF'S DEPARTMENT

Mr. McLARTY. Thank you, Senator. For expediency with time, I will try to move on, and my remarks sort of echo what Chief Mingus has said. We have worked together since the mid-1950's. We have seen the drug problem grow with much frustration over the years, and helpless to know that we could do little or nothing to bring it into check.

I do feel that the television today, of course, has brought on a great deal of the problem that we face. I think that probably the most pressing problem with the drug issue is one that I have not heard mentioned, and it relates to our holding facilities—the jails and prisons—that we have had better than a 200-percent increase in violations in the last 10 years, but we have had a reduction in our holding capacity for our jails here locally.

All of this is directly related, that we were holding 550 prisoners in the county jail prior to a court order that altered us to reduce the population in the old Mobile County Jail to 145, and we have built a 196-bed facility to off-set this. We are currently looking at building some new bedding for inmates, but we run a turnstile or a revolving door system here in the State of Alabama.

The only way that we can make any headway to drugs, in my opinion, is to be able to arrest the people that are selling, trafficking, or smuggling, or conspiracy to distribute and sell, and hold these people until trial. Once the trial is held, to go to the prison, and to fulfill the term of the court the length of the sentence that is given. Recidivism in our system here locally is running at the rate of 85 percent. That the same people that we are handling we handle over and over again, and if we are ever going to make any headway, we are going to have to remove the people that are bringing or selling the drugs to the market out there—remove them from the street and keep them out of contact, and we are not going to do anything until then.

Another issue that I see that is of significance to me is guns in the market. That I think Mobile police itself has had three police shootings this last week, have you not Chief?

Mr. MINGUS. Yes, sir. That is right.

Mr. McLARTY. That arrests and—85 percent of all the cases are drug related that we are involved with. So, if we can remove, we can have some more staunch regulation.

I think that automatic weapons should be banned totally, that no one should be able to possess automatic weapons, that a minimum of a 5-year term, and I am saying a minimum of five, for possession of these guns, and a minimum of at least that for anyone that is involved in narcotic trafficking. That these things, I feel, are a must to really bring it into check and control.

I can elaborate. I can go on with you for days as to things that we need to do.

Crack, no doubt, is the worst thing that we have faced. I have been around through old Paragard burglaries in the mid-1950's that cooked it down to get the opiates out to shoot and through the heroin and barbiturates and the marijuana that has been with us since I have been in law enforcement. It is still here today, and last year in the State of Alabama alone, and we barely scratched the surface, 188,000 plants were confiscated here that would amount to roughly 100 tons of marijuana grown locally, right here in the State of Alabama, and it is here, you know, and it is going to really take some intelligence and some money to be able to deal with the problem, and I think that the first order of course is that we have to have a place to put them.

It does not do any good to arrest them, then turn them and run them through the system, and they are right back out and getting whatever it was—the robberies and the burglaries, to steal property to sell to buy drugs with, or whether it was the grower, or the guy out there on the street. He does not have any time in prison.

Probation should be a one-time or two-times at the most for most any offense—like we need to terminate—we need to do away with the parole system. Time should be done flat out once anyone is sentenced in court, and if we terminate parole, probation is a good thing and it is deserving, because most anybody can make a mistake.

But they do not live their life in a mistake, and recivitism is something that really needs to be looked at heartily.

I will get off of my bandstand. Thank you for the opportunity to appear, and like I said, I could talk for weeks with it and many things that need to be addressed. Thank you, Senator.

[The prepared statement of Mr. McLarty follows:]

SHERIFF

Tom Purvis

TELEPHONE 690-8630
P.O. Box 113

MOBILE COUNTY • MOBILE, ALABAMA
36601-0113

April 25, 1989

United States Senate
Committee On The Judiciary
Honorable Howell Heflin, Chairman
Sub Committee on Courts and Administrative Practice
Washington, D.C. 20510-6275

Dear Senator Heflin:

It is an unexpected honor to receive your letter asking for my view of the drug problem from a law enforcement perspective and insight to methods of attack to curb the flow and use of drugs.

Drugs are in my opinion the most perplexing problem facing our society today. This problem did not develop overnight and there will be no quick or easy solutions to it.

I feel the problem is paramount and more widespread than most of us dare to think.

When I started my career in law enforcement in the mid 1950's as a Mobile City Policeman, we quickly identified what few addicts that resided in Mobile. At that period a hard addict would buy drugs on forged prescriptions or burglarize the local drugstore for paragoric, morphine, or codeine; all derivatives of opium, as is heroin. Barbiturates were also taken by these people and marijuana was used also.

As the 1960's started, the heroin flow increased and this drug became a real problem, especially among the criminal element of our society.

Government recognized the deadly effect of this drug and banned it from distribution in the U.S. (it could not even be prescribed for medical purposes) and remains banned today. Sanctions were taken against Turkey and other Far East countries to stop the flow of heroin.

The permissiveness of the 1960's (and late 50's) brought hallucinogens, i.e. LSD (lysergic acid) that brought about the death of many teen-agers and adults alike.

Marihuana smoking was the "in" thing in high schools, colleges, at rock fests and private gatherings across the country.

The attitude of most elected officials was to leave people to do their thing at campus parties and concerts in public places. The Abby Hoffmans and Timothy Learys were the order of the day.

The popular thing was to contest the establishment, use drugs, don't be drafted into the military, burn U.S. flags and participate in civil disobedience, all brought on by a growing drug culture. This was brought about by Social Scientists that counseled and advised our national leaders.

Because of individuals addicted to drugs, burglaries, robberies and murders were done solely for the money to buy more drugs. Most all of these individuals arrested for felonious crimes were heavy drug users.

Jails and prisons became overcrowded during the 1960's and 1970's. Many came under Federal court orders to improve physical facilities with more square feet living space per inmate, and to provide better medical, dental, legal, exercise facilities and balanced food diets. While at the same time, no work task could be demanded and only volunteer labor could be performed by inmates.

By the 1980's, cocaine was added to the illicit drug trade (doctors and other experts said it was not addictive) so a very lenient attitude left this offense to probation status. In the early 1980's use of cocaine was the fashionable thing for the up and rising generation.

Everyone soon learned this drug was the most highly dependent drug in use today, the craving for it even worse than heroin.

Marihuana has been and still is probably the most abused substance because it can be smoked and the price is cheapest of all known mind altering (and behavior) drugs. There has been a shift in transport of marihuana from boats in the 1970's and early 1980's to private airplanes and cargo containers on large sea going ships.

There is also a domestic supply of marihuana, in the State of Alabama alone, last year some 188,000 plants were seized by local, state and federal officers. This would equate to over 100 tons of domestically grown pot.

Cocaine and marihuana also come to the Gulf Coast primarily by air from Columbia, Jamaica, Belize and Mexico, and is routed to the northern and eastern states.

Practically all drug trade to the United States is for economic gain by underdeveloped, economically depressed countries.

Cocaine and "Crack" form of coke, marihuana and hash oil have been seized and persons arrested here from South Florida and California during the last few weeks. Just this weekend two kilos of cocaine were seized by drug investigators of this Department in cooperation with other area law enforcement.

We currently have five deputies and a supervisor working investigations of normal narcotics traffic, one deputy is assigned full-time to Drug Enforcement Agency, five deputies and a supervisor to head up a multi agency (local) task force and support personnel. We also cross-trained another eight personnel as support to Customs Blue Lightning Operation to help in interdiction of smuggling. In addition to Blue Lightning, we work regularly with our local Customs Enforcement Office.

Small drug cases (possession) can be made at will in most any core city area of our country. The $10.00, $20.00 cocaine "crack" rock is everywhere on our nation's streets.

Drug pushers on the street have our Justice system pretty well figured out, in that case back logs are up to two years behind, jails are overcrowded, there is no place to put them, and they are back on the street selling drugs before the ink is dry on the docket sheet.

In a county the size of Mobile, some 450,000 people, we have a Circuit Court back log of some 3,000 cases. We also have warrants and indictments of a like number yet to be executed, so our potential case liability for trial is in excess of 6,000. This does not include any figures for federal case loads in our area.

My personal observation for the past thirty plus years is that most all studies and implementations conducted in the Justice System have not stood on their merits, but have failed the citizens terribly. If the war on drugs is to be successful, we must first have a Justice and Penal system that would not be palatable to the offender, a system that is firm enough in it's dealing with violators that they felt the risk of prosecution was not worth the profit that was gained by them. A penal system that could hold them for the entire length of sentence that was imposed by jury and court. In effect, terminate the entire parole system and have the court's sentence carried out in it's entirety.

Habitual offenders should not be given probation for felonious crimes (that are for the most part perpetrated for money to buy more drugs). Probation should be reserved for first offenders and misdemeanor crimes only, with strict guidelines to follow as condition to probation.

Enough jails and prisons should be built to accommodate the case load of today to give America's citizens relief from assaults, robbery, rape, burglary, and other crimes that are perpetrated by habitual offenders. Building of prisons and jails and the operation of them is a small price to pay compared to the freedom that has been lost by our citizenry.

Instead of citizens locking themselves in their homes and fearful of walking the street, the criminal should be fearful of being caught and locked in jail for his deeds. Any crime committed with a firearm or a habitual offender in possession of a firearm should be punished by a minimum of a five year sentence and serve that time in it's entirety.

Legislation should be made to ban all automatic weapons with the only exception being for military use. These weapons would not be available to drug users and weirdos through theft by burglary or through purchase on the black market.

I certainly hope my observations and remarks are not offensive as the first steps to take toward a sane drug free society.

As the foregoing is accomplished, plans could be prepared by our national educators and elected officials to recognize where drugs have put our beloved country and hopefully to educate and learn more about the problem through research and how to treat this last effect on so many.

I could probably continue to verbalize this issue until no one would listen, but I would rather take this opportunity to thank you Senator Heflin for having an opportunity to express myself and hope these remarks are found not to be meaningless, but that in some way may help to bring this dreaded issue into a better focus.

Sincerely,

Sam McLarty

Sam McLarty
Chief Deputy
Mobile County Sheriff's Department

SMcL:dld

Senator HEFLIN. Thank you. We are honored to have Mr. Tyree Richburg, who used to be a U.S. marshal, and is now the chief of police in Prichard.

Mr. Richburg, we are delighted to hear from you.

STATEMENT OF TYREE A. RICHBURG, CHIEF OF POLICE FOR PRICHARD, AL

Mr. RICHBURG. Thank you, sir. Somebody said a few minutes ago, it is nice to see you back in Alabama. These two gentlemen to my left—we are all the products of the same system. We all started off in the Mobile Police Department, and of course, one is still there, and we have a lot in common. So when one is talking, he is almost echoing the thoughts of the other. We have all lived pretty closely down through the years. I am a little bit older than the rest of them, and I have been there a little bit longer than they have.

But I am going to try to read my statement, and it is kind of short, and then I will make a few comments, and hopefully, let you get on with your hearing.

We do want to thank you for the opportunity to address this hearing, and we ask your patience as we try to give a brief summary of the myriad of problems created by drug abuse in our city.

The city of Prichard, AL, has a population of approximately 42,000 spread out over approximately 24.82 square miles.

Most of the law enforcement duties and assignments were of a routine nature until the introduction of crack into our city. With the intrusion of this insidious poison into our community, we were swamped with criminal activities of all kinds—assaults, burglaries, muggings, robberies, and thefts of various degrees to name a few. The city of Prichard has various pockets of these accelerated criminal activities that makes residents of those areas feel that they are living in a war zone.

We are in a struggle for control of the streets. Residents are fearful about leaving their homes. Shootings that result in serious injuries and even death occur far too often for civilized communities. Most of this illegal activity can be traced to the traffic of drugs.

We do have bright spots on the horizon, however. Other law enforcement agencies in the area has given us complete cooperation. Most of them have gone out of their way to help us in our city.

There are some avenues available to us that have not been fully explored. These sources could have a very positive influence on the control and even eradication of this menace of drug abuse from our city.

In the future, we will be prepared to go into an indepth discussion with you and others on these projections, and we do thank you for this opportunity.

I want to say one other thing—a couple of other things, I did not want to talk about Federal funding, because I know what a sore spot that is throughout the Nation. Everybody seems to think that we look to Washington and get the solution to all of our problems to just pour more money into the situation, and that really is just not going to do it—not in dealing with crack.

Crack is something that has permeated our society fabrics, as Chief McLarty says all of us have come a long way in law enforcement—we have been in there for a long time—we have seen all of these other problems that developed, but we never had a poison like this to deal with.

All of the other things that we have had—this crack appears to take control of individuals, so that they no longer want to function as normal human beings. They get out in the streets. They try to take the streets over, and as Chief McLarty talked about, with automatic weapons.

So many of them carry weapons, and those that do not carry them, they have them close by in the bushes and in abandoned houses, in ditches, things of that nature. Some of our neighborhoods have literally become war zones, and we have to get the streets back. It is going to be up to us. We know that the Federal Government cannot do it, but we need more people. We need better equipment.

I have a peculiar problem. I hate to use the personal pronoun, but you see, we are very short of funds in our city, and our tax base has become eroded so that most of the people that are left are senior citizens, low-income group of folk. ~~Most~~ of those leaving sought areas of manufacturing, the employment agencies, the businesses that employ people. All of these entities just fled from our area, and it puts us in a peculiar position from a tax base viewpoint.

But as forestated, we have those who have given us all sort of support, and yet, there is not a home you can go to even in our city—I do not care what it looks like—that you will not find a television set, and there on television, and I think—I do not know if it was Chief Mingus or Chief McLarty that addressed it—drug abuse has been glamorized, this drug subculture, if you will.

It is glamorized on television, and the kids who see it, they see it as a way out of the situations they find themselves in. I can sell drugs. I can use drugs. I can get out of this dilemma, this condition I find myself in. Something needs to be done, and all of us are just going to have to pitch in. When I say "all of us," all of the entities we have in our society—family, church, school.

I heard someone talk about the breakdown of the family. We do not have a family anymore. No, maybe not, but we still have houses where children live, whether it is a single parent, or whether it is grandparents, or whatever—a guardian court appointed, or whatever. Somebody needs to get to these people, the children, as well as the older ones, and older ones, like Chief McLarty said, we need to put them away. I do not want to use the term "eliminate," because people might misunderstand that, but we need to do something with them, so that we are not bothered with them back in our society every 6 months or so, when they are sent back from the institutions.

We need to have some type of program and/or place for them. I am not saying a Devil's Island, where you just put them in a community and lock them up for the rest of their natural lives, but we need to make sure that they are not going to continue to be this sore on our society and in our fabric that we keep having to attend to over and over and over.

Thank you for this opportunity, Senator.

[The prepared statement of Mr. Richburg follows:]

[illegible] RICHBURG
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JEROME WALKER
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ALMUS WILLIAMS
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We wish to thank this United States Senate subcommittee for the invitations to address this hearing. We ask your patience as we try to give a brief summary of the myriad of problems created by drug abuse in our city. The City of Prichard Alabama has a population of approximately 42,000 spread out over approximately 24.82 square miles. Most of the law enforcement duties and assignments were of a routine nature until the introduction of crack into our city. With the intrusion of this insidious poison into our community, we were swamped with criminal activities of all kinds. Assaults, burglaries, muggings, robberies and thefts of various degrees to name a few. The City of Prichard has various "pockets" of accelerated criminal activities that makes residents of those areas feel they are living in a "war zone". We are in a struggle for control of the streets. Residents are fearful about leaving their homes. Shootings, that result in serious injuries and even death occur far too often for a civilized community. Most of this illegal activity can be traced to the traffic of drugs. We do have bright spots on the horizon however. Other law enforcement agencies in the area has given us complete cooperation. Most of them have gone out of the way to help us regain the streets in our city. There are some avenues available to us that have not been fully explored. These sources could have a very positive influence on the control and even eradication of this menace (drug abuse) from our city. In the future, we will be prepared to go into an indepth discussion with you and others on these projections. Thank you very much for this opportunity. We pray that these hearings will meet the expectations of all concerned.

Senator HEFLIN. Do you in law enforcement feel that the crack cocaine problem is the work of an organized group of individual dealers?

Mr. MCLARTY. Senator, we arrested a couple of weeks ago an individual from Los Angeles, CA, with $58,000 on him and another $30,000 in crack. Certainly we do.

Senator HEFLIN. It is organized?

Mr. MCLARTY. Yes. I think the sanctions against the producing countries is the real start in this war, to cut off the source.

Mr. MINGUS. I have had—I will count them—one, two, three, four, five different kingpin operations in the county of Mobile, AL. We had one head of a family—and I will just say that, but head of a group of—the FBI, DEA, and our offices have worked on in the last couple of years.

I would ask for one little comment before I leave. And I see a tide coming toward Alabama. And It is coming from the West, in California, et cetera, and that is crank. I heard somebody mention earlier today in other testimony. So that you know what we are talking about, where crack cocaine gives a short high of about maybe 30 minutes between $5 and $15 a little rock, and this crank is coming our way, and it is going to be even worse because now you are talking about a high that is a couple of hours for $3. And it is going to be a cheaper drug. It is going to give you a longer high, and we are going to be inundated with it.

It takes usually several months to a year for it to swing back in here, but once it begins to pop up, crack is going to be just a secondary drug.

Senator HEFLIN. There has been some talk that this crank is being used more in rural drug users. Why is that?

Mr. MINGUS. Again, cheapness. It is easier not simply to make, and it is easier on the pocket. As I said, anywhere from $5 to $15 a rock. Now, you can probably get it as cheap as $3 a rock and have a longer high.

Senator HEFLIN. From your perspective, as local law enforcement, is there an area that the military can be of help to you?

Mr. MINGUS. I am scared of that concept and point to where maybe on the Federal end of it maybe. But on the local level, I think we may not have all the manpower in the world we need, but I damn sure—excuse the French, I do not need the military coming in and telling me how to run my operation.

We have got enough cooperation with DEA, FBI, and the U.S. Attorneys Office, the county, and other city areas. If that is to be done, then I think it needs to be done maybe on the Federal end of it, not on the local end of it.

Mr. RICHBURG. You know, for constitutional purposes, like you said, people in this country when you start talking about the military getting involved in anything, they look at it as a military industrial complex sort of thing and a dictatorship being set up. And they get afraid of it. And they have a right to be afraid.

But on the other hand, there are things it appears to me, the National Guard, the Reserve, Army Reserve could be doing that would keep them in a sort of low profile. I do not mean like armed guards walking the streets with M1's or whatever type of weapons, AK-

17's, or whatever they have now, slug across their shoulders. I do not mean that.

But there are some other things that they—the military—could be doing I feel, and some others feel, that would be very helpful in this particular war that we have. Because this is a war. You can say what you want, but as far as Lawrence enforcement folk are concerned, it is definitely a war.

Senator HEFLIN. Explain a little more. How would you say the National Guard or the Army Reserve could be of help and assistance, something more specific?

Mr. RICHBURG. Well, some of the training they have and like Chief Mingus said a few minutes ago, I am not prepared to go right into the details now, but some of the training that they have for these Reserves and some training for the National Guard they have on weekends, there are areas there where some things could be done that I really would not want to expose publicly right now. But naturally the public would have to be told later on if it is to be implemented. But I would rather keep it unexposed or closed right now.

Mr. McLARTY. Senator, I say one thing that they used very well, and right now is the time of year that would really lead to start—as a matter of fact, we have already started flying for marijuana and looking for it. But with the helicopters that the National Guard have—and we have a detachment unit there in Mobile—but if those units were made available to law enforcement for the detection of the growing of marijuana and for other law enforcement surveillance or purposes, we could use that.

Senator HEFLIN. Well, thank you gentlemen. We appreciate your testimony. You have a right to add to it if there is anything else.

Now, we have as our third panel on prevention and rehabilitations: Ninky Vickers, the director of the Mobile Bay Area Partnership for Youth, and Dr. Daniel A. Dansak, associate professor of the Department of Psychiatry at the College of Medicine at the University of South Alabama.

We would be delighted for you to come forward. And, Ms. Vickers, we are glad to see you again. You have been working in this field for many, many years, so we are delighted. So you go ahead with your testimony.

PANEL CONSISTING OF NINKY VICKERS, DIRECTOR, MOBILE BAY AREA PARTNERSHIP FOR YOUTH; AND DR. DANIEL A. DANSAK, ASSOCIATE PROFESSOR, DEPARTMENT OF PSYCHIATRY, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTH ALABAMA

STATEMENT OF NINKY VICKERS

Ms. VICKERS. Thank you, Senator Heflin. It is very nice to be here this morning. I am so glad you are having this hearing here in Mobile.

The Mobile Bay Area Partnership for Youth is pleased to have this opportunity to share some of the things that are going on in the community with you. Our remarks will combine everything that you are hearing about and maybe go a little step further.

We will not be asking for huge amounts of Federal money because we feel that communities must support this type of operation themselves in order to implement the prevention programs that are so necessary. They must take ownership of the problems.

I would also like to thank you for serving on our advisory committee and being a ready resource to us whenever we need you.

Now, the problem of kids, drugs, and alcohol is deadly, both for the individuals involved and for the community as a whole. Drug and alcohol abuse among our young people affects everyone, the victim's family, friends, teachers, employers, the entire social and economic future of a community.

And this is a community problem. It is a multifaceted societal problem that extends from the disease of chemical dependency to the huge criminal empire that is determined to profitably weaken and destroy our youth. It crosses all socioeconomic boundaries and knows no limit in its ability to destroy.

Teenagers themselves identify drinking and drugging as the greatest problem facing their generation. Youth with drug problems are often blamed on too much awareness in our children and little to none in their parents and other adults. It comes as a shock to adults to discover that the beginning age of use of alcohol is often between 9 and 11 years of age, and now some are even saying eight.

Twenty-one percent of the Nation's 14- to 18-year-olds consider themselves to be extremely heavy drinkers. Recent surveys find that fourth graders are feeling pressure from their peers to drink wine coolers and many of them do not consider these drinks to be alcoholic beverages.

I will interrupt myself for a minute. Some of the marketing of—in the grocery store you see the wine coolers side by side with the citrus drinks. The packaging is very, very similar. It is a mixed message for young people.

In Mobile County, as you have heard before, the drug of choice is definitely alcohol with over 70 percent of students in grades 7 through 12 using. This is followed by marijuana. Crack cocaine is creeping up on that. It is almost even. And inhalants of household products is growing rapidly.

The use of marijuana has declined in the past few years, but the number of those using is still unacceptably high. So we kind of have an up and down and an even flow.

We all know about designer jeans, but do we know about the designer drugs. And Ecstacy is one of them. And it is very, very popular on the college campuses, and probably filtering down into the high school group by now. It is hard to keep track exactly of who is where and who is using what because it varies so. It is like the street language. Once you get the hang of it, they change it and you are 6 months behind.

But this is what they are doing. Designer drugs are made in local labs and are sometimes 100 times more powerful than the drugs that they imitate.

Steroids are available to high school students in our area. And on a recent network news report, I heard that—they said that besides enhancing physical strength, one of the main reasons these kids are starting to use at such a young age is because I did not like the way I looked. And this vulnerability of adolescence supersedes the health hazards of liver damage, heart damage, sterility, or brain damage or death.

Our young people are in the midst of an epidemic that is crippling their creative potential and interfering with a happy and healthy youth and in unacceptable numbers is killing them either through traffic fatalities, suicides, homicides, or OD's. Suicide is now the second leading cause of death in this age group.

Teenagers are the only group in America with a rising mortality rate. Their life expectancy is actually decreasing because of drug- and alcohol-related fatalities.

And this is what is happening to our greatest resource, the future leaders, the future work force, our very own kids. And what are we doing about it? How can we make a difference in these young people's lives?

Law enforcement, treatment, and prevention experts agree that the reduction of demand is a major part of the answer to this very complex problem. We need strong drug enforcement policies to handle supply of the drugs to the market. We need earlier intervention and readily available, affordable treatment, of which there is little to none in this area to help those who have been caught in the snare of drug use and dependency.

Law enforcement, intervention, and treatment manage the problem, but they do not prevent its occurrence. Prevention is the key to providing the long-term solution. Over a period of time, prevention will swell the ranks of nonusers and reduce the huge expense of an ever-increasing load on intervention treatment and law enforcement.

Peer pressure can become a positive force when it is not socially acceptable to use and when the stigma is placed back on drug use.

The problem is not going away, but there are indications that massive prevention is beginning to work. Again, you heard the statistics from the 1971, 1981, and 1987 surveys in which it tripled between 1971 and 1981 and it went up only 1 percentage point between 1981 and 1987. So we may be reaching a plateau; 43 percent is 1 out of 2.3 children, still unacceptably high.

Prevention is very difficult to measure. However, through community surveys, the juvenile court, and treatment center statistics and from law enforcement, we can provide accountability of what the problem actually is. And as prevention begins to take hold and social acceptability is removed from youthful use, it will be easier to measure decreases in drug using behavior such a juvenile crime, teen pregnancy, youth suicide, and school dropouts, and what is feared to soon become the most serious of all, youthful AIDS caused by intravenous drug use.

And I think that is going to be a shock to all.

Most of the Partnership prevention and education programs are designed to meet the needs of a broad based population. Specific programs and activities are designed to meet the needs of particular socioeconomic and ethnic populations based on data provided by them in cooperative joint ventures. The Partnership has been instrumental in bringing the community together. The Partnership is itself a very broad-based community coalition that reflects the leadership of every segment of the Mobile community.

I am going to get on to the end, being near the end, you heard a lot of this and it is in my written testimony. I would like to say that certain things do need to be addressed I think on an ongoing basis.

Accountability. We need to address user accountability and we need to address what I call parent or adult accountability. What are the liabilities to an adult who procures or allows someone else to procure or use, especially alcohol, in their home or their car or what have you? I think parents need to know that they are skating near the edge. It is something that I think would be very helpful in their education.

We need treatment. We need residential treatment for kids. We need outpatient treatment. We need—some neighborhoods need storefront counseling. It varies. There is no melting pot approach to this, this answer. The solution is as multifaceted as the problem is.

We need halfway houses and reentry support programs for those who are in recovery and just coming out of treatment and coming back into their life and their school. An adult who has a problem with dependency can move away, can choose new friends. The child comes back to the same area it started out from, and it is therefore dealing with the same environment from which the problem started.

We need to address social policy and drug testing. And one of the things when we were talking about drug testing before was what about testing those on bail and probation as a deterrent to the revolving door. That is one of the things that has been looked into in this community.

I think we need to look at the insurance and what is available as far as covering treatment, especially for young people. There is very little out there for them. And the crack epidemic is going to be a great leveler.

I talked to a treatment director, this morning and he said the trends are now to cut back on treatment and use more outpatient and more medical doctors. And what you end up doing there, it was his feeling, if you just treat symptoms, it ups the cost completely. And eventually, when nobody can afford it, the Federal Government will have to pick up the bill in some way, shape, or form. And it is going to be a very, very expensive one.

I would like to ask for a little more flexibility in the Federal grant process. Sometimes I think there is so much paperwork, you do spend all your time doing it and do not do the project as well as you might like to. And again, there needs to be strong accountability in there that I think needs to go beyond paperwork.

I think you need to focus on measuring outcomes rather than just how many people you have reached. I think it tends to reinforce turf to just do head counts. That is something that needs to be considered, everyone is trying to get into this. We must remember that there is no quick fix and there is no single answer. And it is going to take a long time.

I think the one thing that I would like to ask you is to keep this drug problem in the forefront of our leaders' thinking. It needs to be a long-term priority of our Congress, and it needs to have a coordinated multidiscipline approach from the very top. We need the clout of the power structure plus the practical application, the creativity, innovation, and flexibility of the grassroots to work a coordinated community plan.

Thank you.

[The prepared statement of Ms. Vickers, along with additional material for the record, follows:]

MOBILE BAY AREA
PARTNERSHIP FOR YOUTH

WILLIAM H. STEWART, RADM, U.S.C.G. (Ret.)
Chairman of the Board, Mobile Partnership

THE HONORABLE JACK EDWARDS
Chairman Emeritus
Mobile Partnership

EXECUTIVE COMMITTEE

ARTHUR OUTLAW
President, Mobile Partnership
Mayor of Mobile

WALTER HOVELL
Vice President, Mobile Partnership
President, Mobile Gas Service Corporation

NINKY VICKERS
Vice President, Mobile Partnership
Executive Director, Mobile Partnership

ANN ROWE
Secretary/Treasurer, Mobile Partnership
Associate Director, Mobile Partnership

HONORABLE JOHN F. BUTLER
Circuit Judge of Juvenile Court

JOE COOK
President, WALA TV

PETER COUCH
Executive Director, Parkside Lodge

TOULMIN GREER
Chairman of the Board, WKRG TV

WILLIAM J. HEARIN
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Mobile Press Register

FREDERICK G. HELMSING
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VAUGHAN MORRISSETTE
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EARL ROBERSON
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BILLY SALTER
Superintendent, Mobile County Schools

E. FRANK SCHMIDT
CEO and Chairman of the Board
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AL ST. CLAIR
Vice President of Community Development
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U.S. Congressman, Alabama

STATEMENT OF THE MOBILE BAY AREA
PARTNERSHIP FOR YOUTH

PRESENTED BY NINKY VICKERS

TO THE SENATE JUDICIARY SUB-COMMITTEE ON COURTS
AND ADMINISTRATIVE PRACTICE HEARING

MOBILE, ALABAMA
APRIL 26, 1989

Community Coalition to Prevent Drug and Alcohol Abuse
305A Glenwood Street □ Mobile, Alabama 36606 □ 205/473-3673

Thank you Senator Heflin. The Mobile Bay Area Partnership for Youth, Inc. is pleased to have the opportunity to share the Mobile Story with you and the Senate Judiciary subcommittee on Courts and Administrative Practice.

We wish to thank you and the committee for holding this hearing in Mobile on this vital subject. Your presence indicates the measure of concern we must all continue to have for the drug problem that so seriously affects our personal lives, the community and the entire country.

I would like to take this opportunity to thank you for serving on the Mobile Partnership's very special Advisory Committee. We all appreciate your interest and ready support of our comprehensive prevention efforts.

The Mobile Bay Area Partnership for Youth, Inc. is a broad based community coalition that represents every segment of the community and is committed to a long-term comprehensive drug prevention plan. The purpose of the Partnership is to prevent the use of alcohol and other drugs by our youth and thereby reduce the demand market.

The problem of kids, drugs and alcohol is deadly, both for the individuals involved and for the community as a whole. Drug and alcohol abuse among our young people affects everyone - the victim's family, friends, teachers, employers - the entire social and economic future of Mobile.

This is a community problem. It is a multi-faceted societal problem that extends from the disease of chemical dependency to the huge criminal empire that is determined to profitably weaken and destroy our youth. It crosses all socio-economic boundaries and knows no limits in its ability to destroy.

Teenagers themselves identify drinking and drugging as the biggest problem facing their generation. Youthful drug problems are often blamed on too much awareness in our children and little to none in their parents and other adults. It comes as a shock to adults to discover that the beginning age of alcohol use is often between 9-11 years of age, some are now saying as young as 8.21% of the nation's 14-18 year olds consider themselves heavy drinkers.

Recent surveys find that 4th graders are feeling pressure from their peers to drink wine coolers and that many of them do not consider these drinks to be alcoholic beverages.

In Mobile County, alcohol is still the drug of choice of over 70% of students in grades 7 through 12. This is followed by marijuana, cocaine, and inhalants.

The use of inhalants has tripled in the past 6 years. White out, household aerosals, nail polish remover, glue and gas are all legal, all highly intoxication and often deadly. Butyl nitrate used in liquid incense, like Rush and Locker Room are appearing at young teen parties.

Nobody asked kids questions about cocaine back in 1981. Now the crack form of cocaine is showing up in the 7th and 8th grades - as it becomes more prevalent, those stats will go up. Crack is now threatening marijuana as the second drug of choice amoung our young people.

The use of marijuana has declined in the past few years but the number of those using is still unacceptably high.

We all know about designer jeans, but do we know about designer drugs that are just as popular? Ecstasy is on our campuses and reaching younger children every year - X-ing out it's called. Ecstasy is an amphetamine with hallucinogenic properties. Designer drugs made in local labs can be 100 times more powerful than the drugs they imitate.

Steriods are available to high school students in our area. On a recent network news report it was said the besides enhancing physical strength, one of the main reasons they were starting at such a young age was because "I didn't like the way I looked". The vulnerability of adolescence supercedes the health hazards of liver damage, heart damage, sterility OR brain damage.

Our young people are in the midst of an epidemic that is crippling their creative potential, interfering with a healthy and happy youth and in unacceptable numbers, killing them - either through traffic fatalities, suicides, homicides or O.D.'s.

Suicide is now the 2nd leading cause of death in this age group. Teenagers are the only group in America with a rising mortality rate. Their life expectancy is actually decreasing because of drug and alcohol related fatalities. This is what is happening to our greatest resource, the future leaders, the future workforce, our very own children.

What are we doing about it? How can we make a difference in our young people's lives? Law enforcement, treatment and prevention experts agree that the reduction of demand is a major part of the answer to this very complex problem.

We need strong drug enforcement policies to handle the supply of drugs to the market. We need earlier intervention and readily available, affordable treatment - to help those who have been caught in the snare of drug use and dependency. Law enforcement, intervention and treatment manage the problem, but do not prevent its occurence.

Prevention is the key to providing the long term solution. Over a period of time prevention will swell the ranks of the non-users and reduce the huge, expensive and ever increasing load on intervention, treatment and law enforcement.

The Mobile Community has been surveyed in 1971-1981 and 1987. Between 1971 and 1981, alcohol and other drug use in students in grades 7-12 had tripled, 42% were using. Between 1981 and 1987, this percentage went up 1% which, while not statistically relevant, still shows that 1 out of every 2.3 students are or have used illegal and illicit drugs. Of increasing concern is the earlier age of beginning use by young people between 8 and 12 years of age.

From the survey of 1987, there are indications that massive prevention education is making a difference in some students decision to use. We appear to be at least holding the line and in some cases showing a reduction in the use of some specific drugs.

Prevention is difficult to measure. However, through community surveys, Juvenile Court and treatment center statistics, we can provide accountability of what the problem actually is. As prevention begins to take hold and social acceptability is removed from youthful use it will be easier to measure decreases in drug using behavior i.e. juvenile crime, teen pregnancy, youth suicide and school dropouts, and what is feared to soon become the most serious problem of all-youthful Aids caused by intravenous drug use.

The Mobile Partnership has been instrumental in bringing the community together to deal with its youthful drug problems. Mobile, as a community, acknowledges that it has a drug problem and is determined to do something about it. The Partnership serves as the vehicle to implement the community prevention plan. The prevention program is meshed with strong supportive law enforcement. Although the Partnership works closely with government agencies, the private sector maintains ownership and responsibility for the planning implementation and evaluation of its prevention program.

The Mobile Partnership is an outgrowth and successor organization to the Junior League of Mobile's massive drug prevention project that was started in 1982. At that time the youthful drug problem, of itself, had not been addressed by the Mobile community.

From 1982 through 1986 programs were developed that would address the needs that were being assessed in the community. Using the best prevention resources in the country a multi-faceted program was developed to provide continual, in-depth education and training to the adults and youth of Mobile.

Programs included the following:

1. Parent Support Groups

2. Drug Speakers Bureau - Provides educational materials, slide shows for civic, church and other interested groups.

3. Teacher-In-Service - Provides educational materials, slide shows for teachers.

4. Youth Drug Education - Provides films, homework, discussion, educational materials and "Free By Choice", in conjunction with the Dept. of Corrections. Grades 6-12.

5. Marionettes - Self-esteem, anti-drug message and coloring book presented to third grades.

6. Newsletter - 15,000 copies distributed quarterly.

7. Drug Awareness Committee - T.V., radio, billboards, bumper stickers, pamphlets, public services announcements, and other media coverage present the issue to the community

8. "Parade Against Drugs Conference", in 1984 and "More Dope on Drugs Conference", 1985 - with sessions for adults and youth featuring nationally known speakers.

9. "Me-ology" - An eighteen week prevention curriculum is being presented to over 5,000 5th grade students in Mobile County.

10. "Skills for Adolescence" - A semester curriculum has been placed in 7th grades in Mobile County.

The community impact from these programs was tremendous but so was the continuing use of drugs by young people. With constant evaluation and from continuing consultation with prevention experts, it became apparent that one group could not, by itself, create the impact necessary to reach the goal of creating a drug free community for its youth.

In 1986, the fourth year of the Junior League project, a steering committee was formed to identify and recruit the people and resources necessary to move the League project forward into a comprehensive long term community plan. This identification process and recruitment was not hurried and in 1986 a strong coalition formed the Mobile Bay Area Partnership for Youth, a non-profit, tax exempt corporation.

The Board of Trustees, consisting of over 100 community leaders, is chaired by Admiral William H. Stewart, U.S.C.G., who before his recent retirement was the Gulf Region Coordinator for the National Narcotics Border Interdiction Program. The Executive Committee which governs the corporation is chaired by Mayor Arthur R. Outlaw, who serves as President and Chief Executive Officer of the Partnership. The

Operations Committee meets monthly to review, evaluate, plan and implement Partnership programs. The Board's five councils include Media, Education/Religion, Law Enforcement/Courts, Business/Government/Finance and Community Development. A Youth Council has been added which will produce positive peer models.

The long term goals and objectives of the Partnership are:

Goal - To prevent drug and alcohol use among youth.

Objective 1. To provide a major resource center and serve as a clearinghouse of information on youthful use of alcohol and other drugs.

Objective 2. To initiate educational programs and services to meet the needs of the community.

Objective 3. To encourage the development of community coalitions to address the problems of youthful use of alcohol and other drugs.

Objective 4. To establish long term funding base for the Partnership's endeavors.

Objective 5. To promote a community for drug free youth.

Specific program goals and objectives are made and changed as needed.

Major programs developed or administered by the Partnership that are currently in operation include:

Drug Speakers Bureau - provides education programs and materials for civic, church, employers and other adult groups.

Marionettes and Youth Drug Education - provide age appropriate prevention programs to all school systems upon request. These programs instill self esteem, critical thinking, positive peer pressure and the self discipline of refusal skills. These 135 programs reached over 15,000 people during the last year. These programs are made available through the efforts of Junior League volunteers who contributed 1,174 hours to the projects.

Newsletter - Published twice yearly and distributed to approximately 10,000 people. The current issue targets the legalization issue and user accountability.

Super Sam Says You Are Special - Prevention activities for Headstart students that reaches 900 high risk pre-school students per year.

Summer Youth Program - Designs week long program for the NCAA Summer Sports and Enrichment Program for economically disadvantaged youth. This program reaches 600 young people each year.

Training and Technical Assistance to community groups.

Clearinghouse and resource center. Films, videos, educational materials and a wide variety of age appropriate materials are available free of charge to the community.

Media Awareness Campaign regarding Spring Break - Prom - Graduation. 25,000 slicks were distributed to area high school students in conjunction with the Sheriff's Department and the Department of Highway Traffic Safety. A T.V. and radio spot will be highlighted in April through the efforts of the Partnership, Media Council, and the Mobile Public School System.

Youth Council - A positive peer model project developed this spring.

Development of a Primary Prevention Training Program for pre-school teachers to be piloted this fall in Headstart.

Red Ribbon Campaign - A community wide awareness campaign that demonstrates the adult community backing its young people in not using drugs.

Significant accomplishments include the development and coordination of the 1987 Be Smart - Don't Start - Just Say No prevention project that reached 38,177 elementary students in Mobile County. With the aid of a statewide coalition the program reached over 400,000 students in Alabama.

In 1988 this program expanded into the middle schools across the state with the theme "Be Smart - Stay Smart - Just Say No". Drugphrey, the Smartasaurus from the pre-stoned age was a highly visible mascot of the program that reached 54,649 students K-9 in Mobile County and over 700,000 students in public, private and parochial systems statewide.

The training program for pre-school teachers is under construction now and will be implemented this fall at eight Headstart Centers. It will provide professional training and technical assistance to educators of the very young child that will enhance and compliment the nurturing, teaching and recreational components of their program. Teachers will learn to identify children from high risk areas.

This program is planned to demonstrate that the drug prevention, education and life skill techniques learned and used by these educators of the very young child will reduce the use of alcohol and other drugs by these children when they reach adolescence.

Partnership Youth programs are specifically designed to help students:

Recognize and discuss the dangers of using alcohol and drugs.
Learn and practice coping skills.
Build positive peer pressure.
Learn and practice refusal skills.

The Partnership programs primarily use the community based modes to deliver its services, although work-site initiatives will be used more often for adult education and awareness. Parent components are an important part of the community prevention plan.

Each program that the Partnership produces is one component of a comprehensive plan. Programs are designed and developed as links or building blocks. The effects of these programs will be the growth of the number of non-using young people as community attitudes and social acceptability change and as peer pressure is reversed and becomes a positive force in our young people's lives.

Community response to the Partnership plan has been overwhelming. In 1987, WALA TV sponsored a month long drug awareness blitz to promote the Partnership's programs and to aid in raising funds. All of the Mobile media participates in frequent awareness campaigns supporting the Partnership programs because they realize that the media is the key to changing community attitudes.

The Mobile Gas Service has provided a $2.00 a month voluntary check-off plan on its gas bill to spread the Partnership's funding base.

Legislation has passed that allows Law Enforcement to share forfeited assets with the Partnership.

The Partnership is affiliated with local, state and national prevention and education associations. The Executive Director is the state liaison for the National Federation of Parents for Drug Free Youth.

The Partnership was honored as one of two model drug prevention programs in the country by the International Association of Junior Leagues in 1988. The Partnership was invited to present its successful community based drug prevention program to the 1988 National Republican Governor's Meeting and has been recognized as an exemplary program by the Southeast Regional Center for Drug-Free Schools and Communities. The Partnership concept has been a resource to communities across the country and it has been replicated in several Alabama communities.

The Mobile Partnership serves a multi-county area in South Alabama. It was established to increase public awareness of dangers of substance abuse, particularly in adolescents; to foster the growth of adult and student support groups; and to promote a community of drug free youth.

Its resource center is a clearinghouse of information that warehouses and distributes vast amounts of educational material. All funds are raised to provide these programs as community services.

Comprehensive prevention efforts are just beginning to work. I am convinced that with the long term, comprehensive, coordinated community effort that we will see that peer pressure can be reversed and can become a positive force. Kids can say no to first use and be in the majority - the stigma can be put back on drug use and underage drinking. As this begins to happen we will also see a corresponding reduction across the board, of teenage pregnancies, suicide, juvenile crime and school drop outs. We must encourage the community to stand firm in backing our young people. Prevention will work but we need your continuing support for the long haul. We must encourage each other - the situation although grave is far from hopeless and we are far from helpless.

Thank you for your attention and interest in what works at the community level. Please keep in mind that prevention is the least expensive, most effective means of reducing demand by the juvenile market, but it still requires ongoing financial support.

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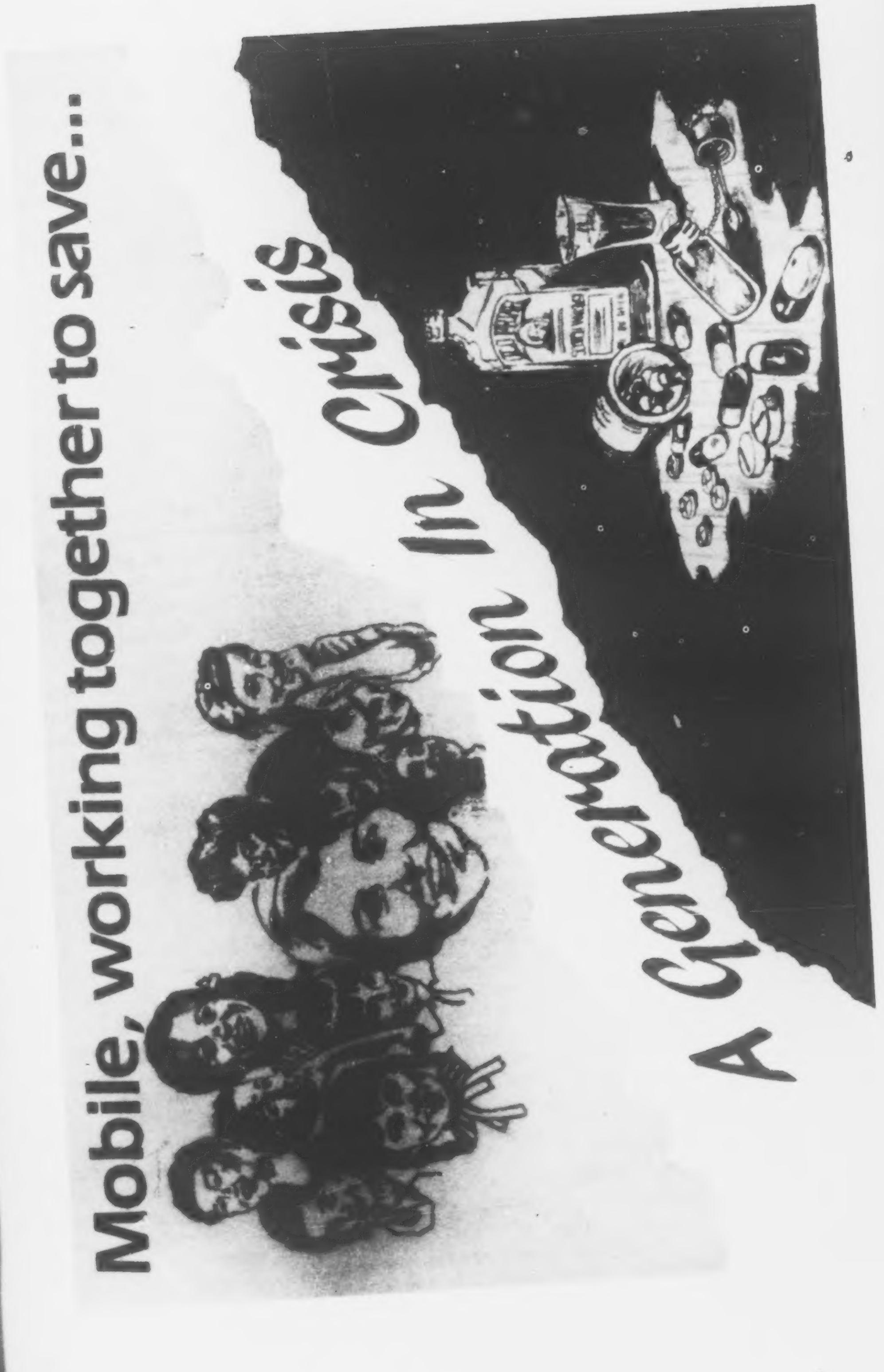

Mobile, working together to save...
A Generation In Crisis

Kids...drugs...alcohol.

The mix is deadly—both for the individuals involved and for the community as a whole. Drug and alcohol abuse among our young people affects everyone--the victim's family, friends, teachers, employers—the entire social and economic future of Mobile.

It's a problem which can only be solved through a coordinated effort on the part of the **whole** community, the kind of effort being spearheaded by the Mobile Bay Area Partnership for Youth. The Partnership grew out of a drug prevention program started by the Junior League of Mobile in 1981 called **Parade Against Drugs.** In 1986 the Partnership was incorporated as a non-profit coalition representing virtually every segment of the Mobile area community.

Today, the Mobile Partnership is recognized as one of the foremost drug prevention organizations in the nation. A primary reason for its success is that it has been able to build a broad based coalition of key individuals and groups from a multi-county area in south Alabama. As a leader in the drug prevention movement, the Partnership has been able to bring many components of the community together in order to effect a comprehensive, long-term drug prevention plan. Educators, law enforcement officials, judicial and political leaders, members of the media and leaders of business and industry have all joined the coalition and provided invaluable assistance.

The Partnership is primarily a volunteer organization which provides its programs as a community service. In the last year alone the Partnership's many programs and services required over 4,311 volunteer hours, amounting to nearly $35,000 in labor. Well over 100,000 people were reached by such programs as:

☐ Drug Speakers Bureau
☐ Teacher In-Service Training
☐ Youth Drug Education
☐ Marionettes
☐ Mobile Partnership Newsletter
☐ Drug Awareness Committee
☐ Regional Drug Conferences

Working in conjunction with local school systems, the Partnership has helped facilitate the introduction of programs such as Meology for fifth graders and Skills for Adolescents for sixth or seventh graders. The Partnership is a ready resource for future training and technical assistance to education, law enforcement, business, industry and community groups.

These achievements are all the more remarkable considering the extremely limited amount of funds with which the Partnership has had to work. Working together, the fight against drug and alcohol abuse among our young people can be won, and a generation in crisis can be saved. The situation is not hopeless and we are not helpless. Your support of the Partnership is appreciated.

Contact the Partnership for:

☐ Current Drug Information
☐ Drug Education Curriculum Information
☐ Teacher In-Service Training
☐ Films, Books & Periodicals
☐ Technical Assistance To Communities
☐ Workshops, Conferences & Seminars
☐ Youth Project Information
☐ Statewide Prevention Projects
☐ Referral For Treatment
☐ Speakers
☐ Legislative Updates
☐ Partnership Newsletter
☐ Information On State & National Organizations

MOBILE BAY AREA
PARTNERSHIP FOR YOUTH

A Community Coalition to Prevent Drug and Alcohol Abuse
305A Glenwood Street ☐ Mobile, Alabama 36606 ☐ (205) 473-3673

MOBILE BAY AREA PARTNERSHIP FOR YOUTH

STATEMENT OF COMMUNITY COMMITMENT

WHEREAS, the MOBILE BAY AREA PARTNERSHIP FOR YOUTH (PARTNERSHIP FOR YOUTH), Mobile, Alabama, is an Alabama non-profit corporation, organized pursuant to and in accordance with the requirements of §501(c) (3) of the Internal Revenue Service Code and is duly qualified by the Internal Revenue Service as a charitable organization, and

WHEREAS, the purpose of the PARTNERSHIP FOR YOUTH is set forth in its Corporate Charter and is governed by a Board of Trustees drawn from all community sectors including representatives from government, law enforcement agencies, educational institutions, medical and legal professions, public boards and agencies, business and industry, news media, religious organizations, and other representative groups, and

WHEREAS, the Corporate Charter of the PARTNERSHIP FOR YOUTH provides for the disposition of assets upon the dissolution of the corporation and further provides that in no event will any of the assets of the PARTNERSHIP FOR YOUTH be paid to or accure to the benefit of any private individual, and

WHEREAS, the undersigned come together to affix their signatures as an endorsement to and recommendation for a community funding plan whereby in addition to funding by the agencies within the Mobile Bay area, members of the community and the general public will be provided an opportunity to participate in the funding of the MOBILE BAY AREA PARTNERSHIP FOR YOUTH, and

WHEREAS, it is in the best interest of the PARTNERSHIP FOR YOUTH to provide for a permanent source of funding by the accumulation of any excess funds from the community appeal, said funds to be placed in a permanent endowment fund from which the PARTNERSHIP FOR YOUTH will receive part of its annual funds, and

WHEREAS, an annual audit of the books and accounts of the PARTNERSHIP FOR YOUTH will be prepared at the close of each fiscal year and be available for public inspection.

NOW THEREFORE, it is adopted, agreed and understood that the PARTNERSHIP FOR YOUTH shall be funded as follows:

1. *Each year seek an annual contract with the City of Mobile and use the funds to be paid by the City of Mobile pursuant to said contract to assist the Mobile Police Department in the prevention of drug abuse.*
2. *Funds shall be solicited on an annual basis from Mobile County and other state and federal government agencies.*
3. *Funds will be solicited from private foundations, businesses, individuals and the general public in the Mobile Area and the country from those interested in the prevention of drug abuse.*
4. *A broad based community appeal shall be conducted by the Mobile Gas Service Corporation (Mobile Gas) by offering to their customers the opportunity to voluntarily contribute to the PARTNERSHIP FOR YOUTH by agreeing to a monthly addition to each gas utility bill. This voluntary commitment will be accomplished by a notification on a monthly Mobile Gas bill through a "check off procedure."*
5. *To the extent the funds received from the community exceeds 50% of the PARTNERSHIP FOR YOUTH annual budget as adopted by the PARTNERSHIP's Executive Committee, those excess funds shall be placed in an endowment fund at the end of each fiscal year to be administered by the Mobile Community Foundation. The annual income from the corpus of the permanent endowment fund shall be used for the PARTNERSHIP FOR YOUTH purposes, pursuant to the provisions of its Charter and By-laws, and pursuant to a trust agreement between the PARTNERSHIP FOR YOUTH and the Mobile Community Foundation. Should the PARTNERSHIP FOR YOUTH cease to exist for any reason, the amount in the endowment fund would be distributed pursuant to the provision of the PARTNERSHIP's Charter governing dissolutions.*
6. *An annual audit of the books and accounts of the PARTNERSHIP FOR YOUTH will be prepared at the close of each fiscal year and a copy of the audit report will be furnished to each of the undersigned.*

Done at Mobile, Alabama, this 29th day of April, 1987.

CITY OF MOBILE
BY: Arthur R Outlaw

MOBILE BAY AREA PARTNERSHIP FOR YOUTH
BY: William H.

COUNTY OF MOBILE
BY:

ALABAMA PUBLIC SERVICE COMMISSION
BY: Jim Sullivan

MOBILE AREA CHAMBER OF COMMERCE
BY:

MOBILE GAS SERVICE CORPORATION
BY:

MOBILE COUNTY SCHOOL BOARD
BY: Judy A. McCain

THE HON. JOHN F. BUTLER, JUDGE - Juvenile Court
BY:

MOBILE AREA UNITED WAY, INC.
BY: Daniel L Miller

MOBILE COMMUNITY FOUNDATION
BY: Arlene Mitchell

JUNIOR LEAGUE OF MOBILE, INC.
BY:

MOBILE BAY AREA

PARTNERSHIP FOR YOUTH

A Community Coalition to Prevent Drug and Alcohol Abuse. **SPRING 1989**

SAY NO TO LEGALIZING DRUGS

It is hard to believe that the argument to legalize illicit drugs has reared its head again. Those involved in fighting drug use, especially among our young people, must be prepared to deal with the issue and refute the arguments that come from a remarkably assorted group of fuzzy thinkers.

The few proponents of legalization include not only NORML, High Times Magazine and the usual drug lobbyists calling for marijuana decriminalization, but also conservative William F. Buckley, Jr., the mayor of Baltimore, some newspapers and other disheartened, frustrated critics across the country. Kurt Schmoke, Mayor of Baltimore has called for a national debate to air their demands. What these voices don't seem to realize is that the debate is over.

A look at what is going on across the nation as well as here in Mobile, clearly indicates that the American people have decided to come to grips with the drug problem. Public support for our drug laws and drug law enforcement has never been stronger. Communities are organizing in a determined effort to reduce demand, particularly in the juvenile market. Over 73% of the public oppose legalizing marijuana and tough drug laws are overwhelmingly favored. This is a strong signal that "we the people" are demanding an end to the drug use era. Public opinion goes beyond getting the dealers and traffickers; to demanding greater user and enabler accountability. Strong social and legal pressures must be brought to bear on those who help our young people procure and/or use *any* illegal drug.

This insistence that we gain control of the drug problem is certainly evidenced in the passage of landmark drug legislation in 1986 and 1988. This legislation treats the entire spectrum of the problem, law enforcement, prevention, education, intervention and treatment.

Proponents of legalization would have us believe the war on drugs is lost—*what nonsense*—we have just begun to progress. It is only in the past few years that we have made a comprehensive move to conquer a massive societal problem that extends from a huge criminal empire on one hand to the heart break of chemical dependency on the other. There is no way to lose a war we have just begun to fight. We must not be deterred by those who prefer to give in, we must get on with this war and show a determined will to win it!

One way we must fight is to beat down the pro-legalization propaganda with hard facts and cold logic. We must not be overwhelmed by suave rhetoric and slick presentations. These are the tools of the frustrated, the ignorant and those who stand to gain from a free wheeling drug market and a weakened society.

Legalization will not eliminate the black market, profit or violence as we are being asked to believe. We would have to make available any drug to any person in any strength upon demand. User tolerance increases with habitual use. Level doses or maintenance doses just don't exist for addicts.

Drug use is not a victimless crime. Drugs threaten the life of the user, they affect the user's family, employers, anyone who drives, airline passengers, etc.—the list is endless. Who is not a victim of loss of productivity, "on the job" accidents—absenteeism and increased medical and insurance costs?

The growth of the dysfunctional and addicted population will increase the load on a greatly overworked social service system. Who pays the rent, provides child care, pays for health care and maintains households when nobody works? Functioning taxpayers will pay ever increasing costs.

Proponents of legalization would have us think that illegal drug use by minors would not increase if there was a legal supply for adults. That is a most curious argument. While kids can usually obtain them now, use will substantially increase with a condoned source of supply and increased social acceptability. Legalization would completely undermine the educational efforts that we are using to teach young people that drugs are harmful. It would cut the legs off a comprehensive teaching program that is just beginning to walk.

Violent crime will not decrease with more and more people smoking, shooting and swallowing legalized drugs. Drug abusers are not nice, normal people who just happen to use regularly. Different drugs manifest themselves in different ways but a general trend seems to be anti-social behavior—violent reactions, criminal acts and a total disregard for the person and property of others. Most cases of physical abuse are drug and alcohol related as are nearly 70% of juvenile crimes.

Those who see legalization as the solution to the drug problem because law enforcement cannot halt the

(continued on page 5)

At the recent National Republican Governors Association Meeting, U.S. Attorney General Dick Thornburgh and Governor Guy Hunt of Alabama listen to Mobile Partnership director Ninky Vickers talk about community based drug prevention strategies. Photo courtesy of Mobile Press Register.

SCHOOL BASED PROGRAM

The Omnibus Drug Bill of 1986 gave federal funds to local school systems to develop strong coordinated drug prevention programs. The Mobile County School Systems are in the process of implementing the final stages of a comprehensive drug/alcohol prevention program. There are five major components to the program which include enforcement, prevention, curriculum, intervention, community awareness and parental involvement.

During this past year our schools have been busy with prevention and early intervention programs. Drug prevention coordinator, Patricia Crawford, reports that two Mendez Foundation curriculums will be utilized in the county. *Clear Choices* is being used in the 7th and 8th grades. Teachers and students report that they enjoy the open discussions that are an integral part of this drug prevention program. The lower elementary grades will use *You-Nique* for K-4 and *Me-Ology* for 5th grade. Training will continue this spring and the programs will be in full production next fall.

Mrs. Crawford reports that intervention core teams have been instituted in nine schools as part of a comprehensive student assistance plan. These teams are designed to identify and help students with specific needs.

The Security Department, through its resource officers, administers the alcohol and drug policy of the school system. In the past several years the enforcement program of this department has been an example for the nation to follow. Bill Duffy, security supervisor, and his team of seven officers have been active since 1981. While their primary focus is on alcohol and other drugs, they also handle vandalism, trespassing, burglary and any other offenses committed on the school's property. With an average daily attendance of 69,000 students, this department's work is cut out for them.

Over the past 5 years Bill Duffy has observed that the general public's awareness of the youthful drug problem has increased. Five years ago people were stunned to find out that children were having problems with drugs and alcohol and that this problem was one of the largest facing our nation. Even now, Duffy added, that while parents acknowledge the overall problem, most of them are still shocked when they are called about their children violating a drug and/or alcohol rule.

In prevention programs and enforcement efforts, both Mrs. Crawford and Mr. Duffy see the need to focus on specific drug education and parenting skills. They agree that parental involvement is a major part of a successful program.

As part of the community's involvement, the Mobile Partnership provides several prevention programs to the schools. A marionette production, entitled *Danny Dog's Dilemma*, is performed for students in the third grade. The Youth Drug Education Committee provides age appropriate information and activities for grades 7 and 8. The Junior League of Mobile volunteers implement these programs.

All schools will be invited to participate in the Partnership's Red Ribbon Campaign this fall. The Partnership is able to provide training in primary prevention as well as technical assistance through teacher inservice to the school systems upon request.

Through all these efforts the Mobile school systems are providing our students with a comprehensive prevention and early intervention program.

Out of 500,000 *fourth* graders surveyed in the recent *Weekly Reader National Survey on Drugs and Drinking*, 24% said they felt pressured to try crack, and 34% said they have been tempted to drink wine coolers.

TEACHER TRAINING

In keeping up the Mobile Bay Area Partnership for Youth's goal of prevention, a Teacher Training Program is being developed to enhance teacher's skills in identification of problematic behavior in pre-school aged children. Specifically, the program is a training program offered to pre-school teachers that emphasizes teaching children at an early age such life skills as self-respect, self-esteem, self-discipline, refusal skills and basic safety.

The Teacher Training Program is a long-term, comprehensive prevention plan designed to reduce the number of children at risk for future chemical dependency, with a corresponding reduction in youthful suicide, crime, pregnancies, etc.

The program is funded by a $20,000 grant from the Knight Foundation. The grant was made possible by Mr. Joe Cook, General Manager, WALA-TV. This program will be piloted this fall in the Headstart Program.

Did You Know...?

If present trends continue, in a 40 student class graduating from a U.S. high school in the year 2,000:

2 will have given birth
8 will have dropped out of school
11 will be unemployed
15 will be living in poverty
36 will have used alcohol
17 will have used marijuana
8 will have used cocaine
6 will have run away from home
1 will have committed suicide

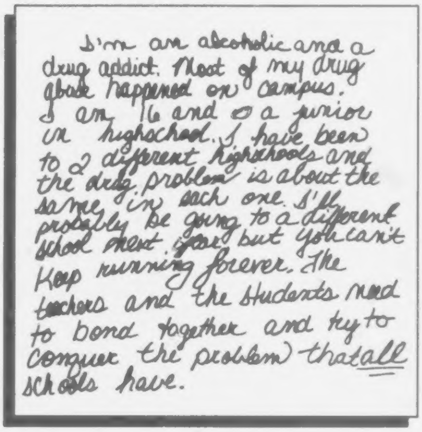
Children and Teens Today

GOVERNOR'S CONFERENCE DATE SET

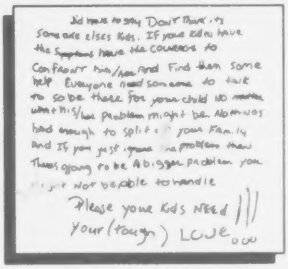
The Governor's Conference on Drug Awareness will be held April 11-12, 1989 at the Montgomery Civic Center. The conference is sponsored by Governor Guy Hunt and the Conference Planning Committee, which consists of representatives from state agencies and local service organizations. The Mobile Partnership for Youth will conduct a workshop on community based prevention. Professional groups and the general public are encouraged to attend. Registration is free. For more information call The Mobile Partnership at 473-3673.

KIDS IN TREATMENT

These authentic letters were given to us by Frank McClosky, Community Relations Representative from Parkside Lodge. The letters were written by young people in Parkside's treatment facility with the hope that adults will become more aware of young people's needs.

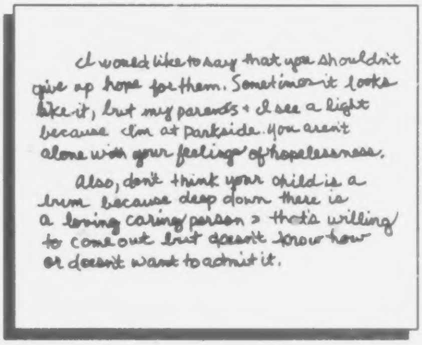


I'm an alcoholic and a drug addict. Most of my drug abuse happened on campus. I am 16 and a junior in highschool. I have been to 2 different highschools and the drug problem is about the same in each one. I'll probably be going to a different school next year but you can't keep running forever. The teachers and the students need to bond together and try to conquer the problem that all schools have.



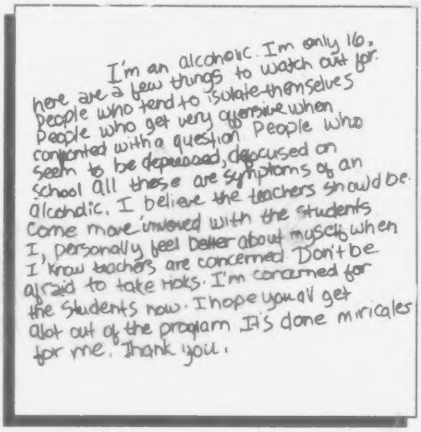
Id have to say Don't think its Someone elses Kids. If your Kids have the Symptoms have the courage to Confront him/her and Find them some help Everyone need someone to talk to so be there for your child no matter what his/her problem might be. Nothing's bad enough to split up your Family and If you just ignore the problem then Theres going to be A bigger problem you might not be able to handle

Please your Kids NEED Your (tough) LOVE!!!

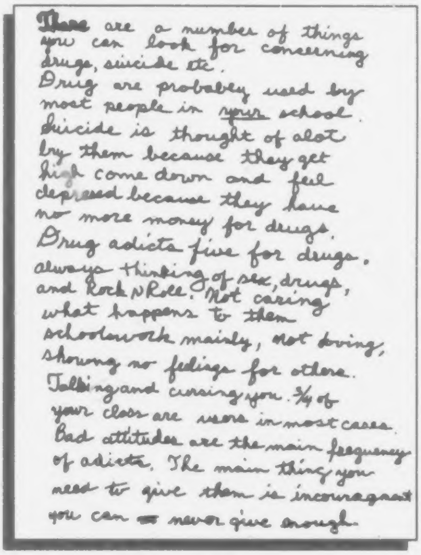


I would like to say that you shouldn't give up hope for them. Sometimes it looks like it, but my parents & I see a light because I'm at Parkside. You aren't alone with your feelings of hopelessness.

Also, don't think your child is a bum because deep down there is a loving caring person & that's willing to come out but doesn't know how or doesn't want to admit it.



I'm an alcoholic. I'm only 16. here are a few things to watch out for. People who tend to isolate themselves People who get very offensive when confronted with a question. People who seem to be depressed, defocused on school all these are symptoms of an alcoholic. I believe the teachers should become more involved with the students I, personally feel better about myself when I know teachers are concerned. Don't be afraid to take risks. I'm concerned for the students now. I hope you all get alot out of the program It's done miricales for me. Thank you.



These are a number of things you can look for concerning drugs, suicide etc.
Drug are probabey used by most people in your school.
Suicide is thought of alot by them because they get high come down and feel depressed because they have no more money for drugs.
Drug adicts live for drugs. always thinking of sex, drugs, and Rock N Role. Not caring what happens to them schoolwork mainly, not loving, showing no feelings for others. Talking and cursing you. 3/4 of your class are users in most cases. Bad attitudes are the main frequency of adicts. The main thing you need to give them is incouragment you can never give enough.

__Acknowledgement__ — Thank you to Frank McClosky of Parkside Lodge for providing us with the teen to parent quiz that appeared in our last issue.

THE CASUAL USER'S CRIME

Text of Former First Lady's Remarks to the White House Conference for a Drug-Free America

I can't tell you how good it feels to be here at this conference with so many people united in common purpose. Although the drug problem is still destructive, the nation has come a long way in its battle against drugs, and your presence here today proves it.

At least we realize there is a drug problem today. In Saturday's *Washington Post*, there was one page in which every article was a local drug-story—and there was another local drug story on the front page. We must face the fact that drugs are tearing our communities apart.

Although I've been deeply concerned about this problem since my days in Sacremento, over the past nearly eight years, I've focused mainly on education, on prevention and on the need to change attitudes. Although we're making progress, still many ignorant ideas persist. One of the worst is the casual user's justification that drug use is a victimless crime, that drugs don't hurt anyone except the person who's using them. Yet there are consequences to drug use beyond an individual's personal and selfish high. And that's what I want to talk to you about this morning.

> ***"We must face the fact that drugs are tearing our communities apart."***

A few weeks ago, the drug cartel murdered Colombia's Attorney General, Carlos Mauro Hoyos, who was active in trying to halt cocaine traffic to the United States. Half a dozen men in three jeeps ran his car into a curb, sprayed it with machine gun fire and killed his two body guards. Mr. Hoyos was later found, blindfolded and handcuffed, his skull shattered with bullets.

And, ladies and gentlemen, the people who casually use cocaine are responsible, because their money bought the bullets. They provided the high stakes that murdered those men, plus hundreds of others in Colombia, including supreme court justices, 21 judges handling drug cases and scores of policemen and soldiers.

The notion that the mellow marijuana user doesn't hurt anyone is just as phony. As a result of an intensive effort by the Drug Enforcement Administration in Guadalajara, Mexico, and particularly Special Agent Enrique Camarena, over 10,000 acres of marijuana that were ready for harvest and eventual sale in the U.S. were destroyed. This caused a major financial loss for a notorius trafficking group.

On February 7, 1985, less than three months after the destruction of the 10,000 acre plantation, Special Agent Camarena was kidnapped by the traffickers. He was tortured and beaten to death. And this country's casual marijuana users cannot escape responsibility for their fellow American's death, because they, in effect, bought the tools for his torture.

As you know, many others have had their lives taken to protect our society from the corruption of drugs. Two DEA agents in California were killed just this month. Last week while guarding the home of a witness in a drug crime, a rookie policeman in New York was assassinated in his patrol car. The traffickers and dealers will murder anyone who stands in their way. Recently an innocent young girl was shot to death in the cross fire between two rival drug gangs.

Who will tell their grief-stricken families that drug use is a victimless crime?

The casual user may think when he takes a line of cocaine or smokes a joint in the privacy of his nice condo, listening to his expensive stereo, that he's somehow not bothering anyone. But there is a trail of death and destruction that leads directly to his door. The casual user cannot morally escape responsibility for the actions of drug traffickers and dealers. I'm saying that if you're a casual drug user, you are an accomplice to murder.

The casual user also cannot morally escape association with those who use drugs and then endanger the public safety. The message from casual use is that drugs are acceptable, that they can be handled, that somehow it's simply a matter of dosage. Casual use sets the tone for tolerance and that tolerance has killed.

Anne and Arthur Johnson are from Potomac, Maryland. They're with us today and I'll introduce you to them later. On January 4, 1987, the Johnson's daughter—20-year-old Christy—was taking the train to New York to visit her sister before heading back to classes at Stanford University. The Sunday afternoon Amtrak train was crowded with students returning to school and families returning home from the Christmas and New Year's holidays.

Unknown to the passengers, a Conrail locomotive passed several warning signals and crossed into the path of the Amtrak train. The crash killed 16 innocent people and injured 175 others. Christy never made it to her sister's; she was killed in the crash.

The investigation determined that the engineer and brakeman on the Conrail train were smoking marijuana prior to the crash—sixteen people killed because of an engineer's personal indulgence in a joint of marijuana. Don't tell the Johnsons that casual drug use is a victimless crime. Don't tell the Johnsons that drugs hurt no one but the user.

Several of the families of the victims who were killed in the wreck testified before the Senate last week in favor of mandatory drug testing for railroad personnel. The engineer and brakeman also called for such testing, saying that alcohol and drug use was widespread within the industry. Senator Danforth told families, "You will not win this quickly; you have to fan the flame of rage." And that is exactly what we must do. We must fan the flame of rage.

> ***"The casual user cannot morally escape responsibility for the actions of drug traffickers and dealers."***

Ladies and gentlemen, I want to make it impossible for casual users to escape responsibility for any innocent death due to drugs. I want to make them fully face the brutality of drug use. I don't mind admitting that I have reservations about telling the following stories, because they are real stories of anguish and inhuman behavior. Yet, Betty Jean Spencer and Vince and Roberta Roper cannot ignore the brutality of drugs; they live with it every day. They are with us today, and if they cannot forget, neither should we.

First, let me tell you about Betty Jean Spencer. Mrs. Spencer was at home in her rural farmhouse in Indiana with her four sons. They were 14, 16, 18 and 22 years old. Four men barged into the house, men out on bail on drug-trafficking charges. The men did not know her. They did not know her sons. Mrs. Spencer says they were obviously high on something; they were laughing about the other people they were going to kill when they finished here.

They ordered Mrs. Spencer and her four sons to line up face down on the floor, and then the men began shooting them at point blank range with a shotgun. Mrs. Spencer miraculously survived two shotgun blasts to the back of her head. Her sons were murdered. The men are in prison.

That is a brutal, brutal story. It makes me angry. And no one—absolutely no one—should be allowed to say that drug use is a victimless crime. No one should be able to get away with the argument that drugs are a harmless, private indulgence.

Finally, let me tell you the nightmare that Vince and Roberta Roper must endure. Their daughter, Stephanie, a 22-year-old student, was returning to school in Maryland when her car broke down. Two men offered assistance. They drove her a short distance in their car, pulled a gun on her and each raped her. They drove to another location and raped her again.

"Who will tell their grief-stricken families that drug use is a victimless crime?"

Then they decided to kill her. I don't want to repeat what they did to her, but we cannot ignore the brutality of the drugs ...one of the men whipped Stephanie on the head with a chain. As she tried to run away, he shot her. He then poured gasoline on her and set fire to her. Both men were users of PCP, LSD, amphetamines, barbiturates, virtually any drug they could obtain.

Who would dare stand before the Ropers and tell them drug use is a victimless crime? What apologist for casual drug use will look the Ropers in the eyes and say it's all a matter of moderation? Who could be so brazen? Yet the attitude prevails.

Applause isn't appropriate—a hug or a squeeze of the hand when you leave would mean much more—but I'd like to introduce you to Betty Jean Spencer—Anne and Arthur Johnson... Vince and Roberta Roper. Let each of us here promise them that we will not let anyone forget the brutality of drugs.

You know, in the field of drug and alcohol abuse there's something called the enabling concept—if I don't do something about your behavior, then I enable it to happen. Society's attitude has enabled the casual user to avoid facing his role in the murder and brutality of drugs. We can no longer let the casual user continue without paying the moral penalty.

We must be absolutely unyielding and inflexible in our opposition to drug use. There is no middle ground. We must be as adamant about the casual user as we are about the addict. And whereas the addict deserves our help, the casual user deserves our condemnation. He could easily stop and yet he chooses not to do so. He must be made to feel the burden of brutality and corruption for which he is ultimately responsible. We must get out the message—we will not stand for illicit drug use of any kind, period.

"You're the people who will eventually turn the tide. You're the ones who will make the difference."

And there's another message that I want to get out to all of you here today. And that is a message of gratitude for your involvement in the fight against drugs. You're the people who will eventually turn the tide. You're the ones who will make the difference.

Many of you have been with me from the very beginning in one capacity or another. And I want you to know that when my husband and I return to California, I'm not giving up my interest and concern about this. You're not going to lose me. In fact, I'll be actively involved in the Nancy Reagan Center in Los Angeles to be run by Phoenix House. The center will include a residential high school for young people in treatment... a training unit... and a research unit. I hope the center will become a place where we can develop new methods, test new approaches and discover new answers.

Anne Morrow Lindbergh wrote, "One can never pay in gratitude, one can only pay 'in kind' somewhere else in life." I'm hoping that this center will be one way I may repay all of you for the support and love and encouragement you've given me over the past eight years.

Thank you for your support and thank you for what you're doing for our nation.

DRUG ABUSE UPDATE, JUNE, 1988

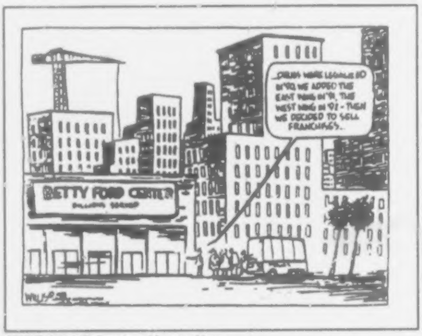
BE SMART
DON'T START
JUST SAY NO!

SAY NO TO ILLEGAL DRUGS *(cont. from page 1)*
supply the drugs are simply not seeing the whole picture. No one in law enforcement says they can keep the total supply from the market place. What is needed is a drastic reduction on the demand side, most especially from the juvenile market.

Law Enforcement does work and it is a deterrent when it is clearly and consistently enforced, when it is backed by a strong court system and when it receives the support of the community. Neither it nor any other *one* component can solve the problem. The most effective means of solving a drug epidemic is to apply strong enforcement and link it to a massive prevention and available, affordable treatment program. Law enforcement and treatment manage the problem. Prevention keeps it from occurring and is the key to the long term solution.

Legalization is a cop-out. It would be nice if a single simple solution such as legalization or invading countries to destroy drug labs or crop eradication were the solution. But they are not!

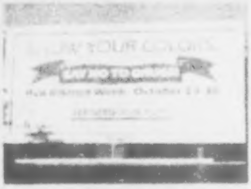
There is no quick fix and no single answer to a problem that has been creeping up on us for nearly 40 years. While the problem is huge it is not hopeless. The long term solution lies in working a massive, comprehensive community plan that uses all the parts —enforcement, courts, prevention, education, intervention and treatment — in a coordinated effort. We are on the right track. Let's get on with it.


DRUGS WERE LEGALIZED IN '90, WE ADDED THE EAST WING IN '91, THE WEST WING IN '92 - THEN WE DECIDED TO SELL FRANCHISES...
BETTY FORD CENTER

SCOTT WILLIE *San Jose Mercury News*

SAY NO TO DRUGS!

RED RIBBON HUGE SUCCESS


SHOW YOUR COLORS
SAY NO TO DRUGS

ST. PAUL'S
EPISC L SCHOOL

SPELL IT OUT

History takes second place to beer and wine cooler ads. A survey of 8-12 year-olds in Washington, DC finds that these children can name and spell correctly more alcoholic beverages that they can presidents of the United States.

The spelling of Budweiser, Miller Lite, Bud Light, Coors, Bartles and Jaymes, Matilda Bay, etc., produced a startling comparison to such presidents as Nickson, Rosselvet, Alprilham Linchon, and Ragan.

Will our new president be perceived as Pres. Busch?

MUSIC, MUSIC, MUSIC

The "Say Yes To Life, Say No To Drugs" theme song of Mobile's Red Ribbon Rally and background for T.V. spots was given to the Mobile Partnership by Bill Robinson of Robinson & St. John Advertising and Marketing, Inc.

Created for Jacksonville, Florida's Red Ribbon Campaign, the song features Don Barnes, of ***38 Special****, and was produced by Wayne Fanning of August Recording Studios.*

Thank you for sharing and adding a special "note" to Mobile's drug prevention programs.

O.S.A.P. TAKES OFF GLOVES

The Office of Substance Abuse Prevention, urges all groups dealing with the youthful drug problem to become more direct with their language. We have been hiding behind "substance abuse" long enough. It is time to replace substance with *alcohol and other drugs* and abuse with *use*. A clear no use message should be reflected in any literature or programs dealing with the youthful drug issue. This message should not be obscured by terms such as *misuse, excessive use, recreational* or *responsible use*.

These clarifications are necessary if we are to have a real language of prevention.

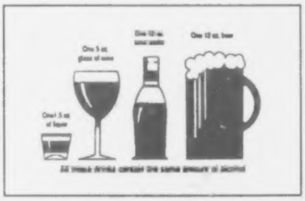
YOUTH COUNCIL

The Mobile Partnership for Youth is developing a youth council that will encourage drug-free life styles in the Mobile community. The youth council will consist of forty-two members representing seven area schools.

The youth council will be involved in year long activities which will include: working on the Red Ribbon Campaign, producing public service announcements and special appearances around the community.

This council will have drug awareness training sessions throughout the spring and summer and their community activities will be implemented during the 1989-1990 school year.

The Mobile Partnership for Youth is proud and excited to present such a positive project to our community.


One 1.5 oz. of liquor
One 5 oz. glass of wine
One 12 oz. wine cooler
One 12 oz. beer
All these drinks contain the same amount of alcohol

NEW JERSEY'S TOUGH DRUG LAWS

New Jersey's Comprehensive Drug Reform Act of 1987 hits hard at the supply side and the demand side of the drug problem. Following are some of its new laws.

Be aware that under the law an adult is someone 18 years old and over. In addition, a juvenile, 14 years old and over, can be treated as an adult in an adult court.

In A Drug Free School Zone:

These zones are areas surrounding each school beginning at the outermost boundary of the school property and extending 1000 feet from that point.

1. Any adult convicted of dealing or passing any type of illegal drug, other than marijuana will get three years in prison without parole.
2. Any adult convicted of dealing even a small amount of marijuana will get one year in a prison without parole.
3. Anyone convicted of passing a drug could be considered a dealer and therefore is also subject to go to prison without parole.
4. Anyone convicted of simply having any type of illegal drug in a Drug-Free School Zone will have to do 100 hours of community service.

Everywhere In New Jersey:

1. *Anyone* convicted of *any* drug offense will automatically lose his or her driver's license. It doesn't matter if a car was used in committing the offense.
2. Anyone under 17 years of age who is convicted of any drug offense will not be able to get his or her driver's license for at least six months after turning 17.
3. Anyone convicted of any drug offense, including use, will have to pay a special cash penalty, which starts at $500 and goes up to $3,000. This money is intended for drug education and prevention programs.
4. Any adult convicted of dealing or giving drugs to someone under 18 years old will have the regular penalties doubled.
5. Any adult who is convicted of being in charge of a drug dealing ring will go to jail for 25 years without parole.
6. Any adult (over 18 years old) who is convicted of using or employing a juvenile (under 18 years old) in a drug dealing ring will go to jail for five years without parole.

If you would like further information about these laws contact the Attorney General's Statewide Narcotics Task Force, 6th Floor, Hughes Justice Complex, Trenton, New Jersey 08625, (609) 292-5939.

The brain is the only part of the body that feels no pain. It does not have the pain fibers to warn it of danger and therefore does not know when it is being destroyed. **If the brain were able to feel pain —** *nobody* **would do drugs!**

NEWSLETTER CALENDAR

DRUGPHREY DAYS ARE COMING!!! MARCH - APRIL

MARCH

1-3 5th National Symposium on Child Sexual Abuse — Sponsored by the National Children's Advocacy Center, Von Braun Civic Center, Huntsville, Alabama
Contact: National Children's Advocacy Center
(205) 533-5437

Choices and Challenges... Ongoing Parent Drug Education Weekly Sessions, Mobile School System
Contact: Patricia Crawford, 690-8007

5-11 National PTA Drug and Alcohol Awareness Week

9 Polishing Intervention Skills, Parkside Lodge
Contact: Frank McClosky or
Carol Diamond, 633-0906

15-17 The Drug Abuse Challenge To The Black Community's Health, Atlanta, Georgia
Contact: Cork Institute, (404) 752-1793

APRIL

3-5 Third Annual National Conference on Drug Free Schools, Baltimore, Maryland
Contact: Mobile Bay Area Partnership for
Youth, 473-3673

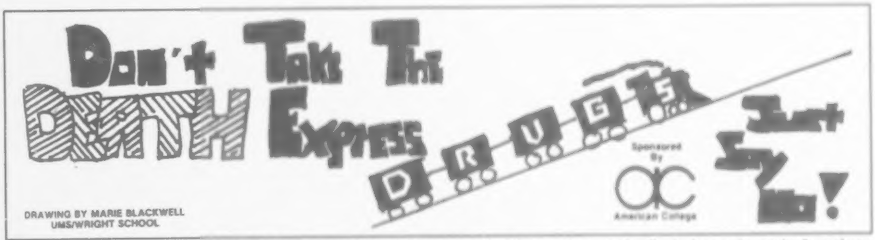
11-12 Alabama Governor's Conference on Drug Awareness, Montgomery, Alabama
Contact: Mobile Bay Area Partnership
for Youth, 473-3673

13-15 PRIDE (National Parents' Resource Institute for Drug Education, Inc.)
World Drug Conference, Atlanta, Georgia
Contact: Mobile Bay Area Partnership for
Youth, 473-3673

28 The Key To Your Child's Heart Lunch Bunch Meeting, Charter Women's Center
Contact: 660-0840

MAY

17-19 First Annual Gulf Coast Conference on Child Abuse
Riverview Plaza Hotel, Mobile, Alabama
Contact: Pat Guyton, Child Advocacy Center,
432-1101
Brenda Johnson, Department of Human
Services, 694-2794



DRAWING BY MARIE BLACKWELL
UMS/WRIGHT SCHOOL

Our congratulations to UMS-Wright 8th grader Marie Blackwell for being chosen the first place winner in American Colleges Red Ribbon Bumper Sticker Contest.

MOBILE BAY AREA
PARTNERSHIP FOR YOUTH
305-A Glenwood Street
Mobile, Alabama 36606

Non Profit Organization
U.S. Postage
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Senator **Heflin**. Thank you. We appreciate your testimony.

Dr. Dansak, we are delighted to have you with us.

STATEMENT OF DR. DANIEL A. DANSAK

Dr. **Dansak**. Thank you, Senator Heflin.

I appreciate the opportunity to be here for two reasons. One, it is an opportunity to make this statement and to meet with you, but the other is to find out what other agencies are involved in doing something about the drug abuse problem that we have.

One of my points in my witness statement is that there is a great deal of fragmentation in the provision of services and in the approach to the drug abuse problem. I would think that this meeting has an opportunity to try and offset that to some extent, at least allowing us to get to know each other finally and perhaps meeting and coordinating our efforts rather than going haphazard as many things seem to go.

The treatment aspects of substance abuse are a serious problem because in this community alone there are basically two groups that provide treatment, the for-profit hospital systems and the nonprofits.

The for-profits charge $315 to $550 per day for 21 to 42 days of treatments. This amounts to $6,000 to $22,500 in cost. At present, most of that is being covered by insurance policies to maybe a maximum of 80 percent. After somebody has experienced a substance abuse problem, it is very difficult for them in many instances to come up with that additional 20 percent, especially if it is going to be anywhere from 400, 500 to several thousand dollars while they are getting rehabilitated and moving back into their job position. That oftentimes is a stimulus for them to go back to the streets and begin to pick up on drugs to sell to try and offset some of the costs of their own treatment. And I think that was one thing that may contribute to some of the difficulties we have in trying to get long-term treatment success in these particular patients.

The point about the insurers beginning to take a look at this is quite correct. Many of them are beginning to see that outpatient care is no more effective than inpatient care. And said again, the inpatient care is no more effective than outpatient. Outpatient is much more cost effective from the insurers' capabilities. You could probably have a month of outpatient treatment for $2,600. And the insurance agencies would much rather pay that than the $6,000 to $22,000.

At the same time, many of the outpatient programs allow people to continue to work and then attend the programs at night. However, again the cost and who is going to pay for that and who might provide day care for some single parent families may be a problem there also.

The situation is such, though, that even if the treatment facilities are available—in Mobile and Baldwin Counties—there are about 160 inpatients for the for-profit hospitals, of which only 40 percent are filled. The nonprofits have about 60 inpatient beds, and all of them are filled. And most of the nonprofits get their money from donations and the United Way agency. There is some money that comes from the state, but absolutely nothing from the Federal Government for these particular groups of people.

Which one does the better job? Nobody knows. I cannot tell you what is the recidivism rate or what is the relapse rate for people who have been in an inpatient program versus an outpatient program. We are sorely lacking in that kind of data. And it would be very useful to have that kind of data to find out how we should orient our programs.

Almost uniformly the models of treatment are Alcoholics Anonymous and the Hazeldine Model, which came out of Minnesota, which is built around the Alcoholics Anonymous and family treatment. But nobody knows for sure whether these really work in the long term.

What would be useful then is to have a database to find out who is going into treatment, under what circumstances they get into treatment, and how successful are these various treatment programs, so that we could refine our techniques and perhaps look for the optimum technique for a particular person. Some people would do better in outpatient care. Others would do better in inpatient care. Perhaps a stage treatment approach where they start at outpatient care and then move to inpatient care if they relapse may be a better approach under these circumstances.

But of course, insurers and other agencies will have to foot the bill for this because treatment for substance abuse is people intensive. It is not drug intensive. It is very people intensive. There is a great deal of effort in terms of one-to-one counseling, group therapy. And these take particular skills. And it is not so easy to hand out a 20-cent pill to get a response as you can with many other medical problems. But with this one, it is a people intensive problem, and that is one of the reasons why the cost of care is high.

The amount of data that is available for Mobile County and Baldwin County is very limited in terms of understanding exactly who is experiencing the problem, and therefore how to go at the problem. It has not been adequately defined. There are some national statistics, but it is not so easy to extrapolate to our community because we do not have the same demographics as national statistics have. We tend to have a higher rate of poverty and lower income families, more blue collar workers, and it is in this particular situation that much of the substance abuse arises.

To summarize on the treatment aspects, I think that we do need some more basic data to understand. And this would be an involvement of all the agencies who have to deal with substance abuse to try and coordinate their efforts and get this data. I think if agencies are involved in treatment, that they should be required to provide some sort of statistics about the effectiveness, if not to the Federal Government, at least to some agency responsible for that.

As it turns out, there are some treatment agencies in this State that have no certification whatsoever. What I am getting at is that the State has not even certified them, but they are taking in patients and treating them for substance abuse.

I am not sure that this is good or bad at this point. However, it does leave a gap in the data system to find out whether they are doing a good job or a bad job. There is potential for abuse under those circumstances as well. If they get State or Federal funds, they have to be certified. But many of the nonprofits, as I said, get money from donations. And though they may be doing an excellent job, we have no way of finding out how good a job they are doing.

There is no objective data available, so there may be some need to certify under those circumstances. There seems to be in this particular community a very inadequate attention to the minorities. I am talking about women, children, blacks, and perhaps the American Indians that exist here. These are groups that are very much prone to substance abuse problem. The for-profit hospitals hardly ever have these kinds of patients in, but, again, the data is missing. Nobody has it or even collects it. Even for the nonprofit institutions, the same is true.

There is only one program that is specifically devoted to women here; most of the others are devoted to men. And whether or not blacks and American Indians get in there, I have no way of knowing. These are obviously part of the problem, and little attention is being paid to them. They are also at the lower income level and do not have the money to pay for the profit considerations.

The other area that I really wanted to attend to is the medical education area. Substance abuse is basically—and alcoholism has been defined as a medical problem. Substance abuse in general is probably in the same category because many substance abusers switch to alcohol when their particular choice of substance is absent. People who use cocaine, people who use heroin, when the supplies run low, will often switch to alcohol and abuse it.

The number of people who are abusing multiple drugs in treatment runs anywhere from 50 to 100 percent, depending upon the treatment program that you talk to. So to focus on a particular substance may be inappropriate because of the switching and crossover that occurs among these people.

In medicine, it turns out that our medical students in the second year have only 4 hours of education about substance abuse problems. In the third year, which is their beginning clinical year, they get another 4 hours. Fully 50 percent of the patients they see in the teaching hospital will have complications of substance abuse or other types of medical problems in addition to substance abuse. So we are not really paying attention to the substance abuse problem at the medical center, which is often where you can initiate the first intervention. Most of the interventions that occur under these circumstances are to hand the patient with a substance abuse problem, a self-admitted problem, a phone number to call. And that is all we can do. There is no followup, no way of knowing that that person has gone out to get the recommended help.

However, if a woman has breast cancer, you can call the American Cancer Society, and they will send over a woman who has experienced surgery for a breast cancer under the Reach For Recovery Program, and she will make a personal visit. But we do not have anything of that sort in the substance abuse area. That personal contact may be essential to getting some of these people into treatment early or at least recognizing that they have a problem.

The difficulties in trying to coordinate the teaching program within the medical school is that each service, each specialty teaches what it has to teach for its own specialty. It does not go beyond that to teach a more integrated, comprehensive view about what is to be done. There are medical schools in the country that have substance abuse offices or services designated as part of their psychiatric services, in which counselors, trained, recovering counselors, are involved in the treatment team once a substance-abusing patient is identified or someone who has a problem with substance abuse calls in for assistance. The recovering substance abuser, a trained counselor, certified counselor, can then make the basic approach.

That has been shown by long studies to be the best approach. A physician who is not a substance abuser accosting a patient or telling them that they need to go in treatment is one thing. It usually falls on deaf ears. But another recovering substance abuser who knows the games that the drugs make them play is a better approach to that. But no hospital in this country, as far as I know of, has any kind of social services directed strictly to substance abusers for early intervention.

It would be helpful, if the hospitals were required to have that, to hire a certified substance abuse counselor who has nothing else to do but attend to the 50 percent or more patients in that hospital who have problems related to substance abuse or other medical problems as a consequence of substance abuse.

The area of education, too, that would be most important is to try and beef up some of the research that would attend to the problem from the prevention point of view. Right now, there is a mass of statistics that is being presented, but nobody, as far as I know, knows how to implement the statistics to create prevention programs other than the educational programs that have been going.

It turns out, if we can make an analogy with cancer education or breast cancer or other types of medical problems, that the fear approach does not usually work. What needs to be done is a more personal approach, I think, one that involves a—one that is a long-term approach. Students at all levels may learn about substance abuse, but they will often feel that that is for the other guy, not for me. Only long-term, I think, and repeated titrations or repeated doses of this are going to work to get some change in behavior.

Another analogy would be that 90 percent of the people in this country use alcohol, but only 10 percent are alcoholics. In that sense, really 80 percent or a good portion of the population are responsible drinkers. In the teenage years, a number of people begin to experiment with drugs but quickly drop out. They can at least say to peers, yes, I have tried it once or twice and I do not like it. But there is a hard-core group, and many times those teenagers have parents who are substance abusers.

Under those circumstances, those should be targeted for special programs. The average educational program may work fine for the majority of them, but the ones who are going to be the people creating the biggest problems for you and me and for the rest of society are going to be those hard-core ones who come out of families where substance abuse is an accepted and integrated value system. And I think we need some ways of trying to identify those. We really do not have that now.

To sum up, I think that I would emphasize that we need more data from the various agencies at all levels in Mobile and Baldwin Counties and the other areas of South Alabama, that that data should be analyzed by professional people who know, public health people, for example. The Public Health offices are perfectly capable of doing that, to try and identify those target populations and then to work our programs more specifically to the various population groups and the various demographic groups that we have.

Thank you very much for allowing me to be here.

[The prepared statement of Dr. Dansak follows:]

UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF MEDICINE
DEPARTMENT OF PSYCHIATRY

TELEPHONE (205) 471 7479
2451 FILLINGIM ST • MOBILE, ALABAMA 36617

The Problem of Substance Abuse

Statement of

Daniel A. Dansak, MD

Associate Professor
Department of Psychiatry
College of Medicine
University of South Alabama
Mobile, AL 36617

TREATMENT ASPECTS

Approximately 10% , probably more, South Alabamians suffer from alcoholism and other illicit substance abuse. At least 20% more are ensnared and victimized by the life style of the substance abuser so that 1 of 3 people are affected by substance abuse. In Mobile and Baldwin Counties, this means that more than 105,000 individuals, men, women, and children, are affected. For the abuser who seeks treatment, There are about 160 inpatient beds available in for-profit centers, at a daily cost of $315.00 to $550.00 for 21 to 42 days of treatment. Perhaps 40% of these beds are currently unfilled. This may be due to cyclic fluctuations, potential patients having limited resources and insurance to cover these costs, or the inability of public health agencies, advertising, health care professionals, etcetera, to penetrate the denial, fear, and helplessness of abusers so as to alert them to the need for and availability of treatment.

On the other hand, non-profit centers have only 60 inpatient beds available, all currently filled, at daily rates ranging from no charge to sums similar to the for-profit centers. This suggests that cost of care may be a factor in keeping people out of the inpatient therapy system.

Objectively, it has not been shown that inpatient care is better in assuring abstinence than outpatient care. For-profit treatment units have less than 20 outpatient care slots, while non-profits have nearly 180 (with 80 designated for methadone outpatient care).

For-profit programs receive no Federal, State, County, Local, or charitable funds. Of the non-profits, one receives Federal funds, four receive state funds, three receive only charitable funds.

At present there is no information as to which of the groups, or individual agencies, does a better job, if any, in terms of long-term (one year) abstinence. Cost-effectiveness is also an issue for which no data are available to me. What is apparent from my limited survey is the fragmentation that exists among the many treatment programs. I can only wonder if a more cooperative approach, perhaps a community coalition of agencies and institutions concerned with substance abuse, would not be better able to establish agency linkages and inter-agency referrals. This would better serve the needs of the patients and those affected by the abuser, as well-as the individual agencies.

Consequently, I propose the following to this committee:

1). A more adequate and comprehensive needs assessment is necessary. I have found it difficult to acquire any detailed, substantive information. Legislation should incorporate provisions to establish agencies, comparable to cancer tumor registries, for ongoing data collection and analysis.

2). Encourage and fiscally support (at least initially) cooperation among the many different treatment programs and agencies concerned with substance abuse. This would serve, I believe, to begin to reduce the evident fragmentation of effort in South Alabama.

3). Encourage program evaluation and quality assurance as important features of any treatment program. It is also, I think, important to consider that if alcoholism is a disease, all these treatment programs should meet some minimal certification criteria for facilities and treatment personnel, even if they do not receive Federal or State funds.

4). Special provisions should be made to target minorities: women, blacks, American Indians, children and adolescents, etcetera. Assessing needs, individualizing treatment approaches to the respective groups, encouraging follow-up, and program evaluation should be minimal components of such programs.

5). Consider provisions for a staged treatment referral network that starts with education, moves on to outpatient care, and finally, if all else has failed, ends at inpatient treatment. Right now we seem to start with inpatient then go to outpatient. Perhaps the reverse will be more treatment-effective and cost-effective.

EDUCATION

Thirty to forty percent of inpatient medical care is caused by or related to substance abuse in the patient or an affected family member. Accordingly, physicians and nurses are frequently faced with the complications of substance abuse. Yet, some departments in the college of medicine offer no formal didactic instruction on substance abuse. Others provide no more than six hours per year. Those departments with the most hours usually provide them during to preclinical (first and second years) of medical education. Once students enter the clinical years with actual patient contact and supervised treatment, the focus on the biology of illness and disease leads to an emphasis on the complications of substance abuse (trauma, brain damage, liver damage, etcetera), usually to the exclusion of the underlying disease itself. The same is true of my own specialty where we usually are asked to consult on substance abusers who are not cooperating with their medical or surgical care, or to admit them to the inpatient psychiatry service for treatment of the mental problems causing or caused by substance abuse.

In all of this are lost attempts at early recognition of substance abuse, the potential for early intervention, and the possibility of improving linkages between the medical-surgical treatment system and the substance abuse treatment system. In an effort to teach these principles, students on psychiatry receive four hours of instruction in their second year, plus four more hours in the third year, the latter given at a local substance abuse treatment facility by a physician certified in such treatment. Perhaps one fourth of the psychiatric inpatients and outpatients have substance abuse plus other problems, so students are exposed to the "dual disease" concept wherein substance abuse occurs as a consequence of another psychiatric illness, or in conjunction with it.

I think there is room for improvement. The instructional effort now is clearly fragmented among the individual departments who teach about substance abuse only what is relevant to their particular specialty. Students are not encouraged to integrate this information in a usable way. Moreover, there is no central consultant in the clinical years who can be called on to expand patient care to include treatment for substance abuse by appropriate referral. Conceivably, such a consultant could be the director of an affiliated inpatient or outpatient treatment program operated by or in cooperation with the teaching hospital. Recovering substance abuse counselors could then be called on to consult early and directly with patients who are hospitalized or treated in clinics, thereby providing, hopefully, earlier and more effective intervention and referral. This approach would also include attention to pediatric and adolescent patients.

Such an approach would, I believe, allow for a more integrated approach to teaching all medical students and post-graduate physicians-in-training. Moreover, it would stimulate collaborative efforts in research on the biopsychosocial antecedents and consequences of substance abuse. There are some medical schools that already have similar programs incorporated into their pre- and post-graduate curricula. But, because of personnel and resource differences, only some features may be importable into the University of South Alabama College of Medicine.

To summarize, I would provisionally propose that comprehensive legislation include support for the following:

1). Development and implementation of integrated teaching modules in the pre-clinical and clinical years of medical and nursing education.

2). Development and implementation of consultation and treatment services within the teaching center's inpatient and outpatient programs.

3). Provisions for technology transfer from the teaching institution to other medical treatment centers in the area, or encouragement of collaborative educational efforts among these various centers and the various substance abuse education and treatment facilities.

4). Encouraging business firms to increase funding for research and education efforts in substance abuse prevention and treatment for their employees in an effort to ultimately reduce medical and disability costs to the company. Medical schools and other institutions would be direct recipients of such funding. Or, alternatively, private non-profit organizations, comparable to the American Cancer Society, American Heart Association, etcetera, could be recipients and establish a pool of research funds for which medical schools and other research institutions could compete.

Senator HEFLIN. Thank you. We appreciate your excellent testimony, suggestions, and ideas.

Ms. Vickers, your organization, the Partnership for Youth Program, is a voluntary organization. Could you tell us how you were founded, and then in what ways do you believe that you are meeting a perceived need in the greater Mobile community, and how you can play an additional need? I think Dr. Dansak's idea that we are fragmented is a very keen observation, and there is a need there. Perhaps maybe the Partnership for Youth can aid relative to this matter of bringing together the various fragments that are involved. I would not call them fragments, but the various elements that are involved in the war on drugs.

Ms. VICKERS. Well, that is the purpose of the Partnership, to do it. It is not easily done, but it is the identification process, more or less an umbrella organization. It is an outgrowth and successor organization to a very successful drug prevention program that was started by the Junior League in 1981-1982. They had a wonderful program. It was very well respected and very well established, but I think that what happened there is they found out, good as it was with 400 volunteers putting all their advocacy and money and everything else into it, one group could not handle it.

Therefore, the community was looked over. A steering committee was formed to get this coalition going together. It is a very large one. There are over a hundred community leaders that serve on the Board of Trustees. Right now, Jack Edwards is the chairman emeritus because he had to retire. The mayor is the president, and a retired admiral is the chairman of the board.

That is the clout part, but it reflects every segment of the community. Law enforcement is extremely well represented on it. One thing that law enforcement does for prevention is it gives it credibility. They say: We cannot do it all; we need the community-based program. That is what the Partnership is trying to do.

Now, I agree with Dr. Dansak; it is fragmented, and we do not have the data base that we need. We need more people involved, and we need some funding to do it. It is a question of it is going so fast, I think we are running it actually a little bit more than we should be. But that is the plan, and I think we are changing our focus a little bit. The schools now have money to implement comprehensive life skills programs and curricula.

Now, I think we are seeing more of a focus on the neighborhood, whether it be urban, inner city, which we are working with. There are very concerned people over there who are very—and rightly so—fearful for their lives. But they do want to have a safe neighborhood.

I think we are working more with ethnic groups and looking at the specific problems that are involved, neighborhood by neighborhood. What we are finding is that while use—I focus on use because I know that—is the same, that one out of 2.3 kids are using across Mobile County, that is the whole thing. But the characteristics of the use differ from your urban inner city to your affluent suburbia and to your rural country town. And that all has to be looked at in a special way, and that again is a drawing together of a master plan, I think, that involves law enforcement, intervention, prevention, education, and treatment.

Senator **Heflin**. Dr. Dansak, you mentioned the not-for-profit drug treatment centers, and it is my understanding we have only two publicly funded residential drug treatment centers in Alabama, and both have long waiting lists.

The Alabama Department of Mental Health and our mental health programs that we have throughout this country, what role do they play relative to drug treatment?

Dr. **Dansak**. That is an interesting question, and I cannot answer it. The reason is I think that our Mental Health Department has focused in on some of the chronic mental illnesses, such as schizophrenia and bipolar disorder and the organic brain syndromes that eventually run into long-term hospitalization care. In some instances, though, they do also cover long-term rehabilitation.

Substance abuse has not always been a part of psychiatry or mental health per se. Even though psychiatrists at the national level are working actively in substance abuse, it has not always been, until recent years, something that the average psychiatrist wants to say is his subspecialty. Most people want to work with affective disorders, anxiety disorders or schizophrenia, partly, I think, because money is there. The treating physician is going to go where the insurance will pay for his treatment. It has been difficult to get any kind of treatment program organized around substance abuse until some of the for-profit hospitals came along and through their political maneuvering and the fact that many of those were founded by former substance abusers, were able to demonstrate that something could be done for this particular group. And then the insurers began to pay for that.

Again, psychiatrists often were not even involved in that. Those hospitals were divorced from mental health centers. It is only recently that I have been asked as a psychiatrist to be a consultant to the drug abuse programs. The reason for that is they are beginning to sense that many substance abusers have serious psychiatric problems resulting from substance abuse, or have underlying psychiatric problems that cause substance abuse. That amounts to a small percentage, though.

Most of the patients who are abusing substances are pure substance abusers. Once they are cleared and detoxified and rehabilitated, you do not see psychiatric problems there. However, for maybe 25 percent of them in the period of detoxification and rehabilitation, they will appear to have medical problems similar to psychiatric patients.

So I think in that sense the mental health departments have often been divorced from that because they have not really recognized the interface with psychiatry and the psychiatric patient population that they are most directed to deal with.

Senator **Heflin**. There seems to be a movement in the field of mental health to have more and more mainstreaming, as the term has been used; that is, more outpatient-type of treatment. Does this offer more of an organized effort toward some established body? You know, every time you have got to create a new organization, if we in effect create a State Department of Drug Abuse, Rehabilitation, and then you have a very expensive residential treating center, the tying in to mental health and the grants primarily as an experiment pertaining to outpatient treatment. I gather that there is no organized approach toward rehabilitation similar to the mental health approach in the drug abuse program.

Dr. **Dansak**. That is correct.

Senator **Heflin**. Would there be resistance? Could it be done? Is this the proper area, or is a new type of rehabilitation service organization the answer? What is your thinking on this?

Dr. **Dansak**. Well, let me perhaps present it from a personal experience. This occurred in New Mexico prior to my coming here, but I think it applies also to Alabama. It is the NIMBY—not in my back yard, basically. I fought for a substance abuse treatment program a hundred yards from my house. I went with public testimony before the county commissioners in Bernalillo County, NM, Albuquerque, NM, and ask that they allow a rezoning of the residential zoning laws to allow this treatment program to come in and handle adult alcoholics.

The treatment program was designated for the United States Postal Union, the Sandia National Laboratories, Los Alamos National Laboratories, Kirtland Air Force Base civilian employees, and high-level or middle-class people to upper-level people, all of whom had insurance. Standing right next to me was another faculty member from the University of New Mexico, who said, "Those people are going to abuse children; they are perverts; they are sex abusers; they will rape your little daughters," and the county commissioners turned against it. They listened to this man's proselytizing on no factual evidence whatsoever, ignored the basis of it, and followed their own beliefs, which were just as prejudicial to substance abusers as they are to mental health patients.

So many people classify substance abusers as the guy on the street with the machine gun, not necessarily the middle-class or company executive alcoholic, or a Member of Congress, if you will. They often have stereotypes about what is going on, and those stereotypes are very difficult to break down.

The methadone maintenance program that we have here in this community is stereotyped as to the black in the community who stands on the street or in some back street corner and shoots up, or the young lady who sells her body on the street to get drugs. It never pays attention to the fact that a percentage of those people are middle-class and sometimes upper-class, sons and children and daughters and what have you of upper-middle class people who are also in treatment.

But the stereotypes survive, and those stereotypes are very difficult to break because they are often supported by things like television and newspapers and by what they put on.

Senator **Heflin**. In other words, do you feel that you would have a better chance of developing a program, residential or outpatient, by the use of integrating it into the mental health program?

Dr. **Dansak**. I think so. I think that that should be probably the better place to go, and it also puts substance abuse as an illness, which it basically is. You know, these things run in families. There is a genetic basis to most of the substance abuse even though we have not quite identified it yet. It is the same basis that allows for mental illness. Schizophrenia has a genetic basis; manic-depressive illness has a genetic basis. So integrating those two I think would allow us as psychiatrists to become more involved, and for people who are beginning to accept mental illness as a biological problem, as a treatable medical condition, and not just people who have bad wills.

Substance abusers often do not have any will power, so saying that if they just made up their mind they could quit. But that is not the case. They suffer from the problem of lack of will power because that is what the drugs do. It takes away their will power. So how can they import their will power to do something when, in fact, the drugs have sabotaged it.

The same thing happens with mental illness. It just takes away your will power to be something other than what the mental illness dictates.

Senator HEFLIN. Let me ask you this. You are in the field of psychiatry. Maybe this is in the field of psychology, Ms. Vickers, I think, from a viewpoint of long-term interest in matters relative to this subject. How do you suggest that we can best create a positive peer pressure among young people where the peer pressure is do not use drugs, say no to drugs? What might be a psychology or psychiatric basis, and then from you, Ms. Vickers, your observations? How do you think that you can turn peer pressure into something that is positive?

Dr. DANSAK. To me, I am thinking, just immediately to answer your question, of the mental health and physical health aspects of it. If you talk about good nutrition, for example, or exercise as being able to be ways to maintain your body in good health and physical conditioning, one of the things is obviously to avoid drugs or avoid substances that could prevent you from doing that or undermine what you are attempting to do.

So I think it is personal responsibility. It is your body; you are living with it for the rest of your life. Do you want to live with it ill, or do you want to live with it reasonably well? And if you want to live with it ill, follow the drug path; follow the poor nutrition path; follow the sedentary, watch TV 16 hours a day path.

On the other hand, some positive things can be directed in the same vein as exercise. The other thing I think is most people are concerned about their mind and whether that is going to survive substance abuse. Most people, I think, who draw up out of substance abuse do so because they do not like the effects on their mind. They lose control or they will get sick; they will actually get sick from the drugs. Oftentimes with alcoholics, that is the only time that you see them turn around, is when their body is so badly damaged from the alcohol that they have to stop, and they want to live. And most people, I think, want to live as long as they can.

So if you focus on the healthful aspects of drug avoidance and not putting things into your body that is going to sabotage that long-term health, you put the personal responsibility on to the individual, which is where I think it ultimately belongs.

We can only do so much. It is that individual out there who has to say: This is not good for me; I cannot take this. And even if he sees his parents using it, he has got to say: I do not want to be like them. And under those circumstances, say no. But it is a positive choice. It is: I want to be better than what I see around me.

Senator HEFLIN. Ms. Vickers?

Ms. Vickers. I agree with everything he has said. I think from the community's point of view, it goes back to attitude and what the community has decided is the appropriate behavior it expects from its youth, what it defines, what consequences it puts on inappropriate behavior. Everyone talks about the TV. Some of the media campaigns that are going on now, especially here in Mobile, are most supportive of the prevention message. And there, again, is a crucial component of attitudinal change which we are looking at. That has got to come about before you get any of this positive peer pressure.

When it becomes acceptable to be straight, which it is not now, that is when the pressure becomes a positive force in the young person's life. The idea of this early prevention with the little kids, we are doing a teacher training program now for Head Start. That deals with 4-year-olds. But if these kids get brave together now when they are four and they can be brave all the way through, then that is when you are going to see it reversed. That is why we keep talking about the long term because it is going to take a while.

I think we are betting on the little kid who is now in pre-school or kindergarten, by the time they graduate, if, if, if. If all this starts working together and the circles mesh, that is when you will see the kids graduating and going on with a drug-free life. We are betting on these little kids because they are the ones who are going to have to do it.

Senator Heflin. Well, you have seen the development of a positive peer pressure against smoking. I can see it developing. People my age, you know, they are going to smoke. But there is in younger people a fear that they are hurting their body, and probably I think this would be established by empirical data, that more and more young people do not smoke. It is an effect that you are looked upon a little bit, say at age 21, if you smoke, as being a little bit of an outcast from your peers.

That attitude is something I think that has to be developed rather than the peer pressure glamor that is associated with drug use by young people.

Dr. Dansak. One thing, though, Senator Heflin, is many of the peers of the substance abusing adolescents are substance abusers who have come from families of substance abusers, where that is a value system, an accepted value system. So you may have several different peer groups that you have to worry about all at the same level and all at the same time.

There are those where the message gets across, where receptiveness is there, partly from the parental involvement, partly from what they see in and around them, and partly from their own concerns about their own body. But as often happens, there is something called drinking gangs or the shooting houses where the only people that know are the peers that are going to go there. Trying to get that message into there is going to be extremely difficult, I think.

The rest of it, I think you are going to be able to hit the most receptive part with education, but the hardcore substance abuser is the one who causes most of the medical costs, most of the criminal costs. Another story altogether. I am not so sure that those are going to be so easily receptive.

Senator **Heflin**. Thank you for your testimony. We will go ahead with our next panel, which is our last panel, after a 5- or 6-minute break. We will come back.

[Recess.]

Senator **Heflin**. Well, we are delighted that we have now a panel of Federal enforcement officials: Mr. Ruben Monzon, the special agent in charge of the New Orleans Field Division of the Drug Enforcement Administration; Mr. Robert Grimes, the regional commissioner of the South Central Region of the U.S. Customs; and Captain Larry R. Hyde, commanding officer of the Coast Guard Group, Mobile, of the U.S. Coast Guard.

We are delighted, gentlemen, to have you. As we know, you have been fighting this war of interdiction, as well as other aspects of the drug, for some time, and in many instances with quite good success. I know that certain sections of Mexico, where many drugs were coming out, you have been successful in reducing drugs substantially. We are delighted to hear you.

Mr. Monzon, if you will, we would be delighted to hear from you first.

PANEL CONSISTING OF RUBEN MONZON, SPECIAL AGENT IN CHARGE, NEW ORLEANS FIELD DIVISION, DRUG ENFORCEMENT ADMINISTRATION; J. ROBERT GRIMES, REGIONAL COMMISSIONER, SOUTH CENTRAL REGION, U.S. CUSTOMS; AND CAPTAIN LARRY R. HYDE, COMMANDER, COAST GUARD GROUP MOBILE, U.S. COAST GUARD

STATEMENT OF RUBEN MONZON

Mr. **Monzon**. Thank you, Senator Heflin. In the interest of time, I will summarize my statement.

Let me just say it is a pleasure to be here today to represent the Drug Enforcement Administration as you examine the abuse and trafficking of illegal drugs in the State of Alabama. As a special agent in charge of the Drug Enforcement Administration's New Orleans Field Division, I have responsibilities for the States of Alabama, Mississippi, Arkansas, and Louisiana. In the State of Alabama, DEA has offices in Birmingham, Montgomery, and Mobile.

The DEA in Alabama is involved in numerous cooperative drug investigative efforts, both federally and in several State and local interagency efforts. DEA participates in the Southeast Region Organized Crime Drug Enforcement Task Force, the OCDETF. Working with Federal, State and local agencies, our DEA office in Alabama is involved in significant OCDETF investigations.

DEA special agents work cooperatively with representatives of the Alabama Bureau of Investigations, as well as sheriffs' offices and local police departments in Alabama's 67 counties. One of our most important formal liaison activities is the State and local task force located in Mobile, AL, which is staffed by five State and local law enforcement officers. DEA has an excellent working relationship with these entities. Their significant contributions are evident in the areas involving the apprehension of major drug traffickers and the seizure of traffickers' drugs and assets.

Alabama is an outstanding participant in the Domestic Cannabis Eradication/Suppression Program. During calendar year 1988, Alabama's national ranking in the eradication program, in reference to the number of cultivated plants seized, moved from seventh place in 1987 to sixth place. DEA provides annual cannabis eradication training to State and local law enforcement, focusing on such areas as crop identification, raid procedures, and asset seizures. In keeping with the recent expansion of the National Guard's participation in the Nation's fight against drugs, DEA is currently training the National Guard personnel in cannabis eradication procedures.

DEA provides other training as well. Through our division training coordinator, we annually conduct 2-week law enforcement schools for State and local officers.

In the State of Alabama, our enforcement priorities are to target the highest level violators and their organizations and to focus our efforts on those drugs which have the most severe impact on the community.

Cocaine remains in significant supply in the State of Alabama. Due to availability, cocaine prices continue to drop.

With the introduction of crack cocaine, we have seen usage in the less affluent areas of the community, as well as the upper- and middle-class levels. The rapid expansion of crack trafficking into Alabama's cities and rural areas has demanded the attention of law enforcement agencies at the local level.

In addition to taxing the manpower of Alabama's law enforcement agencies, crack cocaine has brought with it an alarming increase in violence.

Marijuana continues to be available throughout the State with prices averaging $75 per ounce, or $750 per pound. In 1988, two marijuana seizures were of particular significance. In one case, 13,000 pounds of Colombian marijuana were seized from a cargo container. In another case, 7,000 pounds of high-grade marijuana and 278 pounds of hashish oil were recovered from the secret compartment of a private yacht. In this investigation, over $2 million in assets have been seized; much of it will be shared with State and local agencies that are participating in the investigation.

Alabama has seen a general increase in heroin during the past year, with evidence of trafficking and use in Huntsville, Birmingham, and Mobile. The street level heroin that is available ranges in price from $30 to $50 amounts.

The use of U.S. and private-sector mail to transport opium and heroin has been investigated in Huntsville and Mobile, AL.

DEA's drug enforcement efforts within the State of Alabama target not only the apprehension of drug traffickers but also the seizure of their assets. During fiscal year 1988, the New Orleans Field Division seized more than $11 million in assets. DEA investigations in the State of Alabama were responsible for 48 percent of the total. A proportion of these assets has been shared with State and local agencies.

In another area, I believe that we can have an impact on drug abuse through our Demand Reduction Program. During the past year, DEA has cosponsored a number of events to educate the public on substance abuse.

In conclusion, the effects of drug trafficking have now reached beyond our major cities, beyond our secondary cities, and into our rural areas and small towns. The Drug Enforcement Administration will continue its cooperative commitment with Federal, State and local agencies to arrest those responsible, seize their drugs and assets, and assist in demand reduction efforts.

Thank you, Senator Heflin, for your continued personal interest in this critical issue of illicit drug trafficking, and I will be pleased to answer any questions you may have.

[The prepared statement of Mr. Monzon follows:]

Statement

of

RUBEN MONZON
Special Agent in Charge
New Orleans Field Division
Drug Enforcement Administration

before

the

Subcommittee on Courts and Administrative Practice
Committee on the Judiciary
United States Senate

concerning

Drug Law Enforcement
in the State of Alabama

on

April 26, 1989

Mobile, Alabama

Chairman Heflin, and Members of the Subcommittee on Courts and Administrative Practice of the Senate Committee on the Judiciary: It is a pleasure to be here today to represent the Drug Enforcement Administration as you examine the abuse and trafficking of illegal drugs in the State of Alabama. I am the Special Agent in Charge of DEA's New Orleans Field Division, one of nineteen such DEA divisions across the country.

The New Orleans Division encompasses the States of Alabama, Mississippi, Arkansas, and Louisiana. In the State of Alabama, DEA has offices in Birmingham, Montgomery, and Mobile.

Internationally, the New Orleans Division is concerned with drug trafficking across the Gulf States border. Alabama's gulf border is host to substantial legitimate industry -- commercial and sports fishing, international shipping, and servicing of off-shore oil rigs -- all of which generate marine traffic which provides a natural cover for smuggling vessels. Similarly, air smugglers conceal their approaches by blending with the traffic generated by offshore industry. Coastal Alabama is less than 18 hours roundtrip flying time to several Central and South America countries.

Domestically, the DEA in Alabama is involved in numerous cooperative drug investigative efforts, both federally and in several state and local inter-agency efforts. DEA participates in the Southeast Region Organized Crime Drug Enforcement Task

Force (OCDETF). DEA Special Agents work with representatives of the Federal Bureau of Investigation, the Internal Revenue Service, the Bureau of Alcohol, Tobacco and Firearms, the U.S. Customs Service, the U.S. Coast Guard, the U.S. Marshals Service, the Immigration and Naturalization Service, as well as state and local agencies. Our DEA offices in Alabama are involved in significant OCDETF investigations, with 22 such cases currently open in Birmingham, Montgomery, and Mobile.

DEA special agents work cooperatively with representatives of the Alabama Bureau of Investigation, as well as sheriffs' offices and local police departments in Alabama's 67 counties. One of our most important formal liaison activities is the state and local task force, located in Mobile, Alabama, which is staffed by five state and local law enforcement officers. DEA has an excellent working relationship with these entities. Their significant contributions are evident in areas involving the apprehension of major drug traffickers and the seizure of traffickers' drugs and assets.

Alabama is an outstanding participant in the Domestic Cannabis Eradication/Suppression Program. During CY 88, Alabama's national ranking in the eradication program, in reference to the number of cultivated cannabis plants seized, moved from 7th place (1987) to 6th place. More than 187,000 cultivated cannabis plants were eradicated, including the record seizure and destruction of three fields near Birmingham which contained 88,250 cannabis plants. DEA provides annual cannabis eradication training to state and local law enforcement, focusing on such areas as crop identification, raid procedures, and asset seizures. In keeping with the recent expansion of the National Guard's participation in the nation's fight against drugs, DEA is currently training National Guard personnel in cannabis eradication procedures.

DEA provides other training as well. Through our Division Training Coordinator, we annually conduct two-week law enforcement schools for state and local officers. During the past year, DEA also presented Operation Pipeline training to 40 state and local officers patrolling Alabama's highways. In May of this year, DEA will co-host the Middle District of Alabama Law Enforcement Coordinating Committee's meeting in Eufaula, Alabama and will present a training program on "crack" cocaine.

I would like to focus the balance of my remarks on enforcement priorities and drug trends. In the State of Alabama, we target the highest level of violators and their organizations and focus our efforts on those drugs which have the most severe impact on the community.

Cocaine remains in significant supply in the State of Alabama. Due to availability, cocaine prices continue to drop. Wholesale kilogram prices in Alabama average $20,000 - $25,000, and street prices for a gram of cocaine average $100.

In 1988, 25 members of a drug smuggling network were indicted in Alabama for their part in a smuggling venture that resulted in the seizure of 815 pounds of cocaine in Montgomery, Alabama. The organization was responsible for importing more than 100 planeloads of cocaine, averaging 600 pounds per load, over a five-year period. Asset seizures included five parcels of real estate, tractor-trailers, vehicles, and a houseboat.

With the introduction of "crack" cocaine, we have seen usage in the less affluent areas of the community, as well as the upper and middle class levels. "Crack" cocaine is available for $10 - $20 per rock. The rapid expansion of "crack" trafficking into Alabama's cities and rural areas has demanded the attention of local law enforcement agencies. Police departments and sheriffs' offices express profound concern over the speed and pervasiveness with which "crack" has entered their communities.

In addition to taxing the manpower of Alabama's law enforcement agencies, "crack" cocaine has brought with it an alarming increase in violence. Toxicology findings of the Jefferson County Coroner's Office reflect that the number of violent deaths, in which cocaine was present in the bloodstream, jumped from seven in 1986, to 25 in 1987, and to 45 in 1988.

Marijuana continues to be available throughout the state with prices averaging $75 per ounce and $750 per pound. In 1988, two marijuana seizures were of particular significance. In one case, 13,000 pounds of Colombian marijuana were seized from a cargo container. In another case, 7,000 pounds of high-grade marijuana and 278 pounds of hashish oil were recovered from the secret compartment of a private yacht. In this investigation over $2 million dollars in assets have been seized; much of it will be shared with state and local agencies that are participating in the investigation.

Alabama has seen a general increase in heroin during the past year, with evidence of trafficking and use in Huntsville, Birmingham, and Mobile. The street-level heroin that is available ranges in price from $30 to $50 amounts.

The use of U.S. and private sector mail to transport heroin has been investigated in Huntsville and Mobile, Alabama. Sporadic arrests of foreign merchant seamen transporting heroin occur in the port of Mobile.

During 1988, two defendants were convicted on heroin conspiracy charges stemming from their involvement in a heroin trafficking network that has been in operation since 1970.

DEA's drug enforcement efforts within the State of Alabama target not only the apprehension of drug traffickers, but also the seizure of their assets. During FY 88, the New Orleans Field Division seized more than $11 million in assets. DEA investigations in the State of Alabama were responsible for 48 percent of this total. A proportion of these seized assets has been shared with state and local agencies.

In another area, I believe that we can have an impact on drug abuse through our Demand Reduction Program. In the fall of 1988, our Demand Reduction Agent coordinated a rally in Birmingham with local Jaycees which was attended by nearly 1,000 young people. In the past several months, we have organized forums and special events with the Birmingham Public School District and with community groups in Fort Payne, Alabama. The Demand Reduction Coordinator in the New Orleans Division recently attended the Alabama Governor's Conference on Substance Abuse.

In conclusion, the effects of drug trafficking have now reached beyond our major cities, beyond our secondary cities, and into our rural areas and small towns. The Drug Enforcement Administration will continue its cooperative commitment with federal, state, and local authorities to arrest those responsible, seize their drugs and assets, and assist in demand reduction efforts.

Thank you, Mr. Chairman, for your continued personal interest in the critical issue of illicit drug trafficking. I will be pleased to answer any questions that you may have.

Senator HEFLIN. Mr. Grimes.

STATEMENT OF J. ROBERT GRIMES

Mr. GRIMES. Thank you, Mr. Chairman. It is a privilege to be here before your subcommittee to testify, and I, too, in the interest of time, will summarize my statement.

Our threat in the middle coastal States is real, and our most conservative estimates indicate that narcotics production has increased twentyfold over the past several years in the producing countries and that transit countries have made little progress in eliminating smuggling routes and patterns. The immense profits found in narcotics transactions have found their way into our modern society as never before seen.

Our specific threats cross the full spectrum of smuggling methods. In the Gulf marine environment, we have oil field support vessels, oil rig supply boats and crew boats, engaged in increasing numbers of smuggling ventures. Commercial cargo vessels, tankers, fishing vessels, and barges are all suitable in their own ways to narcotics smuggling. Our present indicators show the greatest threat along the coast to be the crew boat class and the fishing vessels. Our shoreline geography with a myriad of inlets and wet lands, as well as the large volume of legitimate traffic of these type vessels, makes interdiction complex and resource-intensive. The Tennessee-Tombigee waterway offers smugglers a unique accessible water route from the Gulf to the inland northern market areas. Commercial cargo vessels and freighters threats call for additional enforcement intensity in the control of vessels. Container vessels and containers are considered our biggest threat in the ports of entry. Recently, we have had several major seizures of containers as mentioned by Mr. Monzon; the Customs Service assisted in these interdiction efforts.

The threat from the air smuggler is also a real one. Commercial carriers, cargo and crews receive attention, as well as passengers and passenger baggage. Our greatest threat potential at this time is the privately owned aircraft which can land with a load of narcotics at any of the hundreds of airports or airstrips in the area at any time of the day or night. They can off-load a thousand pounds of cocaine in 6 minutes and turn around and fly out. We have no way of being able to interdict these efforts without prior information and without detection through radar devices.

The middle coastal States are in a unique geographical tactical position. The obvious increases in enforcement activities in the Florida area and the United States-Mexican border have been well publicized and successful. Smugglers know this; therefore, the middle coastal States become an attractive target for smuggling ventures. One violator was quoted as saying it is "the soft underbelly of the United States."

Some violators may think that, and I hope they do, but let me tell you that we are also very aware of the threat that exists. Multiagency interdiction plans have been developed addressing the air, land and marine threats that exist. These interdiction plans have been carefully designed, approved, are fully implemented, and are showing better results than ever before with greater assets. In 1984, we had four Customs agents in this State. Today, we have 55.

We are also working together now, better than ever before. I will not try to tell you that there are not any problems, both interagency and intra-agency. But in my career in law enforcement, I have never seen a more genuine cooperation among agencies—Federal, State and local—than we are experiencing right now in this area. I know of no place in the country that has better working relations than we do. We are presently expanding to include National Guard units for the extra manpower we need.

As of Monday this week, we now have the National Guard working with Customs agents in Mobile, Birmingham, and Huntsville to assist us in searching containers coming into these ports of entry.

The asset-sharing program alluded to by several people here today is a reality for both the Justice and the Treasury Departments and its ability to share the proceeds of narcotics cases with participating State and local agencies has been a major factor in breaking down barriers between agencies. We have been able to share over $186,000 with State and local agencies in Alabama from the proceeds of narcotics cases. Asset-sharing is pending now in seven cases representing approximately $700,000. This is very attractive to State and local agencies who are in a budget crisis.

Another significant factor that has helped us is the Zero Tolerance Program. This program has shown the public and our own people that we are serious about narcotics. It has also put our presence in the public's eye. It is true that the result of some cases has not been overly positive, but even that controversy is positive to our efforts.

Mr. Chairman, we—and I use the word "we" inclusive of all law enforcement in this area—are working and are working together. We are working smarter and better than ever before. The cases are multiplying; convictions are increasing, and our actual caseload potential is dramatic. The U.S. Attorney's Office has made some heroic efforts to keep pace with this explosion. We are hitting vessels, containers, aircraft, passenger baggage, body carries, financial money-laundering, drug paraphernalia, and conspiracies like we never have before. We will continue.

I thank you for your interest, and I will be glad to answer any questions you have, sir.

[The prepared statement of Mr. Grimes follows:]

STATEMENT OF J. ROBERT GRIMES
REGIONAL COMMISSIONER OF CUSTOMS
SOUTH CENTRAL REGION
TO THE
UNITED STATES SENATE COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE ON COURTS AND ADMINISTRATIVE PRACTICE
RELATIVE TO
THE NARCOTICS SMUGGLING THREAT TO THE MIDDLE GULF STATES
AND
LAW ENFORCEMENT COOPERATION
APRIL 26, 1989
MOBILE, ALABAMA

Chairman Heflin, and Members of the Subcommittee on Courts and Administrative Practices of the Senate Committee on the Judiciary:

Good morning, gentlemen, thank you for the privilege of allowing me to address this meeting. I am J. Robert Grimes, Regional Commissioner of Customs for the South Central Region.

The scourge of narcotics is continuing to be the major problem being addressed by my service and those other agencies represented here. It is a national and international problem of grave proportions. However, I'm sure that you already know that. You know the emphasis being placed on the solution to the problem from all levels of government.

Our threat in the middle coastal states is real. Our most conservative estimates indicate that narcotics production has increased 20 fold over the past several years in the producing countries and that transit countries have made little progress in eliminating smuggling routes and patterns. The immense profits found in narcotics transactions have found their way into modern society as never seen before.

Our specific threats run the gamut of the full spectrum of smuggling methods. In the Gulf marine environment we have oil field support vessels(both oil rig supply boats and crew boats) turning in increasing numbers to smuggling ventures as an answer to a depressed industry, commercial cargo vessels, tankers, fishing vessels, and barges. All are suitable in their own ways to narcotics smuggling. Our present indicators consider our greatest threat to be in the crew boat class, and fishing vessels. Our shore line geography with a myriad of inlets and wet lands, as well as the large volume of legitimate traffic of these type vessels, makes interdiction complex and resource intensive. The Tennessee-Tombigee waterway offers smugglers a uniquely accessible water route from the Gulf to the inland northern market areas. Commercial cargo vessels(freighters) call for additional enforcement intensity in the control of the vessels themselves, crews and merchandise that can readily become a place for the concealment of narcotics. Container vessels and containers are considered our biggest threat at this time.

The threat from the air smuggler is also a real one. Commercial carriers, cargo and crews receive attention, as well as passengers and passenger baggage. Our greatest threat potential at this time is the privately owned aircraft which can land with a load of narcotics at any of the hundreds of airports or airstrips at any time of day or night.

The middle coastal states are in a unique geographical tactical position. The obvious increases in enforcement activities in the Florida area and the U. S./Mexican border have been well publicized and successful. Smugglers know this. Therefore the middle coastal states become an attractive target for smuggling ventures. One violator was quoted as calling it "the soft underbelly of the U. S."

Gentlemen, some violators may think that, and I hope they do, but let me tell you that we are also very aware of the threat that exists. Multi-agency interdiction plans have been developed addressing the air, land and marine threats that exist. These interdiction plans have been carefully designed, approved, are fully implemented and are showing even better results than anticipated.

We are also working together now, better than ever before. I won't try to tell you that there are no problems, both intra-agency and inter-agency, but in my career in law enforcement I have never seen more genuine cooperation among agencies, Federal, State and Local, than we are experiencing right now in this area. I know of no place in the country that has better working relations than we do. We are presently expanding that to include National Guard units for the extra manpower that we need.

I am personally very proud of those relationships. I wish I could take the full credit for that metamorphosis, but it is much bigger than just me, or my service. In my service several things happened that coincided to make it a reality. One was some rather pointed instructions from Congress and the Administration to get it together and make it happen. Another was the budget support and manpower allocations that allowed us to put the right number of people in the right spot, with the right equipment to do the job. The highest level managers in each Federal Service demanded that joint projects and programs be designed and implemented. Our Blue Lightning Gulf Strikeforce enjoined us with the other Federal agencies plus State and local units. Common purpose, enhanced communications, and success has drawn us together.

Two other factors were important to that melding of resources. The asset sharing program became a practical reality for both Justice and Treasury agencies last year. This ability to share the proceeds of narcotics cases with participating state and local agencies has been a major factor in breaking down barriers between agencies. So far this calendar year we have been able to share over $100,000 with state and local law enforcement agencies in Alabama from the proceeds of narcotics cases. This is very attractive to State and local agencies who are in budget crisis. The other significant factor that has helped us is the Zero Tolerance program. This program has shown the public and or own people that we are serious about narcotics. It has also put our presence in the publics' eye. It is true that the result of some cases was not overly positive, but even that controversy is positive to our efforts.

Gentlemen, we, and I use the word we inclusive of all of law enforcement in this area, are working. We're working together. We're working smarter and better than ever before. The cases are multiplying, convictions are increasing, our actual caseload potential is dramatic. The U. S. Attorney's Office has made some heroic efforts to keep pace with this explosion. We're hitting vessels, containers, aircraft, passenger baggage, body carries, financial money laundering, drug paraphernalia, and conspiracies like we never did before.....

In answer to the questions that were posed to me as a basis for this presentation let me answer like this: Is there a threat? Yes, a serious one that shows no sign of diminishing. Are we working together? Yes, we are. Are we being successful? Yes we are. Will we stop the smuggling of narcotics in this area completely? No, and we probably never will, but, to do less, or not the very best we are demanded to do would be unthinkable.

Thank you for you attention, gentlemen, I am at your service to answer any questions.

Senator HEFLIN. Captain Hyde.

STATEMENT OF CAPTAIN HYDE

Captain HYDE. Good morning, Mr. Chairman. I am pleased to appear before this distinguished subcommittee today to discuss the role the U.S. Coast Guard plays in stemming the flow of drugs into the United States.

First of all, I would like to tell you my area of responsibility. Coast Guard Group Mobile, coastwise, starts at St. Marks, FL, and runs westward to Biloxi, MS. There are approximately 400 people and 20 units assigned to me. We perform search and rescue, aids to navigation and law enforcement, including drug interdiction, as our responsibilities.

I want to assure you that Group Mobile is dedicated to enforcing all the Federal laws and regulations on waters subject to our jurisdiction. Primarily, though, we focus on drug interdiction in an area extending from shoreline out to about 100 miles off the coast.

I have five multimission Coast Guard stations on the coast, four patrol boats, and two law enforcement detachments, or LEDET's, which form the front line of our maritime drug enforcement in this area.

Historically, the drug smugglers have proven very resourceful and flexible, often pursuing the path of least resistance. We have gone from seeing 100-ton marijuana shiploads short distances off our coast, where small boats can unload, to today where the smuggling pattern has changed. Generally, the larger ships no longer come north of the Yucatan straits. Also, they are becoming increasingly cunning and more sophisticated. They carry smaller loads and are successfully avoiding detection by the Coast Guard, in some cases slipping into territorial waters of other countries. They also avoid existing inland border checkpoints along our Mexican border. The pressure that is being put on the Florida area and along the Mexican border makes us very vulnerable. We could expect an influx, which is what Mr. Grimes alluded to earlier.

Recent favorable funding levels and supplemental appropriations have allowed me to step up law enforcement patrols, while still carrying out my other responsibilities. Since late last summer, we have increased random law enforcement patrols by approximately 30 percent, to an average of 3 days per week for my coastal stations and patrol vessels.

Additionally, we received two 110-foot "Island Class" patrol boats last summer—they were commissioned in Mobile—which allows us, because of their speed and endurance, to project our presence well into the gulf. As a matter of fact, they are the only two 110-foot class vessels the Coast Guard has in the gulf. They are used throughout the gulf region.

Interagency cooperation for drug interdiction activities has been excellent and is improving. I will second what Commissioner Grimes has said. I meet regularly with Federal, State, and local law enforcement agency heads. Also, the three U.S. attorneys in the Southern District of Alabama, Northwest Florida, and Southern Mississippi are most supportive of our efforts.

Coast Guard Group Mobile carries out monthly interdiction operations with the U.S. Customs Service and State and local agencies, in addition to random patrols. My group operations center and five coastal stations operate 24 hours a day. We also coordinate joint inshore operations with the U.S. Customs Service Blue Lightning Operations Center, or BLOC, in Gulfport, MS, and Miami, FL.

The combination of additional assets, increased drug enforcement operations, and the excellent cooperation with other agencies have resulted in two substantial marijuana seizures by our Coast Guard law enforcement detachments in the past year.

Let me finish by assuring you that we will maintain the "last line of defense" along our coast against the maritime smuggler and strive to improve our interdiction efforts each day by working together with other law enforcement agencies, and working smarter. I have professional, dedicated personnel performing this task, and we will continue to do our best until this terrible drug abuse problem in the United States is resolved.

Thank you, Senator, for allowing me to appear before you today. I will be glad to answer any questions you might have.

[The prepared statement of Captain Hyde follows:]

PREPARED STATEMENT OF CAPTAIN LARRY R. HYDE
COMMANDER, U. S. COAST GUARD GROUP MOBILE
TO BE PRESENTED BEFORE THE
SUBCOMMITTEE ON COURTS AND ADMINISTRATIVE PRACTICE OF
THE SENATE COMMITTEE ON THE JUDICIARY
26 APRIL 1989, IN MOBILE, ALABAMA

GOOD MORNING MR. CHAIRMAN, I AM CAPTAIN LARRY R. HYDE, COMMANDER OF U. S. COAST GUARD GROUP MOBILE, ALABAMA. I AM PLEASED TO APPEAR BEFORE THIS DISTINGUISHED COMMITTEE TODAY TO DISCUSS THE ROLE OF THE UNITED STATES COAST GUARD IN STEMMING THE FLOW OF ILLEGAL DRUGS INTO THE GULF COAST OF THE UNITED STATES.

COAST GUARD GROUP MOBILE IS RESPONSIBLE FOR SEARCH AND RESCUE, AIDS TO NAVIGATION, AND LAW ENFORCEMENT (INCLUDING DRUG INTERDICTION) IN THE COASTAL AREAS OF A THREE STATE REGION FROM ST. MARKS RIVER, FLORIDA, WEST TO BILOXI, MISSISSIPPI. THERE ARE APPROXIMATELY 400 PERSONNEL ASSIGNED TO 20 UNITS IN GROUP MOBILE TO PERFORM THESE MISSIONS.

I WANT TO ASSURE YOU THAT GROUP MOBILE IS COMMITTED TO ENFORCING ALL FEDERAL LAWS AND REGULATIONS ON WATERS SUBJECT TO OUR JURISDICTION AND AREA OF RESPONSIBILITY. PRIMARILY, WE FOCUS MOST OF OUR LAW ENFORCEMENT EFFORTS ON ILLEGAL DRUG INTERDICTION IN AN AREA EXTENDING FROM THE SHORELINE SEAWARD APPROXIMATELY 100 NAUTICAL MILES. FIVE COASTAL MULTI-MISSION STATIONS, FOUR PATROL BOATS, AND TWO COAST GUARD LAW ENFORCEMENT DETACHMENTS (REFERRED

TO AS LEDET'S) FORM THE FRONT LINE OF OUR MARITIME DRUG ENFORCEMENT EFFORT IN THIS AREA.

UNTIL RECENTLY, THE MARITIME AND AIR SMUGGLING OF DRUGS INTO THE GULF COAST REGION (WITH THE EXCEPTION OF THE WEST COAST OF FLORIDA) HAS APPARENTLY BEEN ON A MUCH SMALLER SCALE THAN THAT INTO OTHER PARTS OF THE SOUTHEAST UNITED STATES.

FOR VARIOUS REASONS, THE DRUG SMUGGLERS HAVE TENDED TO FAVOR EITHER CARIBBEAN ROUTES WITH EAST COAST DESTINATIONS OR LAND BORDER CROSSINGS ALONG THE U. S. SOUTHWEST BORDER. LAW ENFORCEMENT STRATEGIES, TACTICS, AND RESOURCES HAVE BEEN HEAVILY CONCENTRATED ON THOSE TWO MAJOR SMUGGLING CORRIDORS. HOWEVER, U. S. INTERDICTION EFFORTS IN THOSE AREAS ARE BECOMING INCREASINGLY SUCCESSFUL, AS EVIDENCED BY CHANGING SMUGGLERS' TACTICS TO INCLUDE SMALLER LOADS, HIDDEN COMPARTMENTS, AND INCREASED AIR SMUGGLING.

HISTORICALLY, DRUG SMUGGLERS HAVE PROVEN TO BE VERY RESOURCEFUL AND FLEXIBLE, OFTEN PURSUING THE PATH OF LEAST RESISTANCE. AS RECENTLY AS THREE YEARS AGO, MOTHERSHIPS WITH 25, 50, OR 100 TONS OF MARIJUANA WOULD FREQUENTLY APPROACH WITHIN SMALL BOAT RANGE OF THE UNITED STATES. TODAY, THIS TYPE OF VESSEL RARELY VENTURES NORTH OF THE YUCATAN CHANNEL. AS A RESULT, CURRENT TRENDS INDICATE THAT SMUGGLERS HAVE BECOME INCREASINGLY SOPHISTICATED, CARRYING SMALLER LOADS ON SMALLER VESSELS, SUCCESSFULLY AVOIDING DETECTION AND INTERCEPTION BY COAST GUARD UNITS. WITH THEIR

SHALLOWER DRAFTS, THESE VESSELS OCCASIONALLY SLIP INTO THE TERRITORIAL WATERS OF ANOTHER COUNTRY IN ORDER TO AVOID OUR UNITS. THIS OBVIOUSLY COMPLICATES THE INTERDICTION PROCESS, AND WE MUST WORK WITH THE FOREIGN GOVERNMENT TO SUCCESSFULLY PROSECUTE THESE CASES. THERE ARE ALSO INDICATIONS THAT CARGO CONTAINER VESSELS ARE BEING USED TO SMUGGLE DRUGS INTO U. S. PORTS, THEREBY AVOIDING EXISTING INLAND BORDER PATROL CHECKPOINTS AND HIGHWAY STOPS. IF TRUE, THIS COULD MEAN AN INFLUX OF ILLEGAL DRUGS INTO THE GULF.

RECENT FAVORABLE FUNDING LEVELS AND SUPPLEMENTAL APPROPRIATIONS HAVE ALLOWED ME TO STEP UP LAW ENFORCEMENT PATROLS, WHILE STILL CARRYING OUT OTHER COAST GUARD MISSIONS AND PERFORMING NEEDED MAINTENANCE ON COAST GUARD SHORE FACILITIES AND VESSELS. SPECIFICALLY, SINCE LATE LAST SUMMER, WE HAVE INCREASED RANDOM LAW ENFORCEMENT PATROLS BY APPROXIMATELY 30% TO AN AVERAGE OF THREE DAYS PER WEEK FOR EACH OF THE FIVE COASTAL STATIONS AND FOUR PATROL BOATS WITHIN THE GROUP.

ADDITIONALLY, GROUP MOBILE RECEIVED TWO NEW 110 FOOT "ISLAND CLASS" PATROL BOATS LAST SUMMER. THESE ADDITIONAL INTERDICTION ASSETS ENHANCED OUR PATROL CAPABILITY. WITH THEIR SPEED AND ENDURANCE, THESE NEW PATROL BOATS ADD A NEW DIMENSION TO OUR ENFORCEMENT EFFORT. THEY ALLOW US TO PROJECT A LAW ENFORCEMENT PRESENCE DEEP INTO THE GULF OF MEXICO AND TO REACT FASTER TO MARITIME TACTICAL INTELLIGENCE. THE TWO COAST GUARD LEDETS, WHOSE PRIMARY MISSION IS TO CONDUCT COAST GUARD BOARDINGS FROM

U. S. NAVY SHIPS, ALSO AUGMENT GROUP LAW ENFORCEMENT OPERATIONS AND CONDUCT MARITIME LAW ENFORCEMENT TRAINING WHEN NOT DEPLOYED. INTERAGENCY COOPERATION FOR DRUG INTERDICTION ACTIVITIES HAS BEEN EXCELLENT AND IS IMPROVING. I MEET REGULARLY WITH FEDERAL, STATE, AND LOCAL LAW ENFORCEMENT AGENCY HEADS. THE U. S. ATTORNEYS IN THE SOUTHERN DISTRICT OF ALABAMA, NORTHWEST FLORIDA, AND SOUTHERN MISSISSIPPI ARE MOST SUPPORTIVE OF OUR EFFORTS. THE COAST GUARD PLANS AND CARRIES OUT MONTHLY JOINT INTERDICTION OPERATIONS WITH THE U. S. CUSTOMS SERVICE AND STATE AND LOCAL AGENCIES. MY GROUP OPERATIONS CENTER AND FIVE COASTAL STATIONS OPERATE TWENTY-FOUR HOURS A DAY. ADDITIONALLY, WE COORDINATE SOME INSHORE JOINT OPERATIONS WITH THE U. S. CUSTOMS SERVICE'S BLUE LIGHTNING OPERATIONS CENTERS (BLOCS) IN GULFPORT, MISSISSIPPI AND MIAMI, FLORIDA.

OUR SIGNIFICANT LAW ENFORCEMENT PRESENCE PROVIDES A DETERRENT TO DRUG SMUGGLING INTO THE GULF COAST. FURTHER, THE COMBINATION OF ADDITIONAL ASSETS, INCREASED DRUG ENFORCEMENT OPERATIONS, AND EXCELLENT COOPERATION WITH OTHER AGENCIES HAVE RESULTED IN TWO SUBSTANTIAL MARIJUANA SEIZURES BY OUR COAST GUARD LEDETS OVER THE PAST YEAR.

LET ME FINISH BY ASSURING YOU THAT WE WILL MAINTAIN THE "LAST LINE OF DEFENSE" AGAINST THE MARITIME SMUGGLER AND STRIVE TO IMPROVE OUR INTERDICTION EFFORTS EACH DAY BY WORKING TOGETHER WITH OTHER LAW ENFORCEMENT AGENCIES. I HAVE PROFESSIONAL, DEDICATED PERSONNEL PERFORMING THIS TASK. WE WILL CONTINUE TO DO

OUR BEST UNTIL THIS TERRIBLE DRUG ABUSE PROBLEM IN THE UNITED STATES IS RESOLVED.

THANK YOU FOR ALLOWING ME TO APPEAR BEFORE YOU TODAY.

Biography
of
CAPTAIN LARRY R. HYDE, USCG
COMMANDER, USCG GROUP MOBILE

Captain Hyde reported to Group Mobile in July 1987, from an assignment as the Coast Guard Liaison to the Organization of the Joint Chiefs of Staff, Washington, D.C. His prior operational experience includes tours as Commanding Officer of four Coast Guard cutters, the USCGC RESOLUTE, USCGC COMANCHE, USCGC CAPE UPRIGHT, and USCGC POINT BANKS (Vietnam); and Commanding Officer USCG Station, New London, Connecticut. Additionally, he has served as Executive Officer of the USCGC VALIANT out of Galveston, Texas and on the USCGC HALF MOON.

He also served in staff assignments at USCG Headquarters as Chief, Readiness Plans Division, Assistant Division Chief of both the Military Readiness and the Law Enforcement Divisions, and Chief, General Law Enforcement Branch.

A 1964 Coast Guard Academy graduate, he has served on the faculties of the USCG Academy and the U.S. Naval War College. He holds a Masters Degree in Public Administration and is a graduate of the U.S. Naval War College.

His personal awards include the Bronze Star Medal, with Combat "V"; the Defense Meritorious Service Medal; two Coast Guard Commendation Medals; the Commandant's Commendation Ribbon; and the Combat Action Ribbon.

Captain Hyde was born in Tower, Michigan. He is married to the former Anita "Carolyn" Minton of Savannah, Tennessee. The Hyde's have two sons, Eric and Daryl.

Senator HEFLIN. Thank you.

Each of you mentioned the vulnerability of this area in the southeastern coastal region because of pressure in Florida and pressure in other places. Some law enforcement have been using the term "the Mobile corridor" as being an area in which boats could come in from locations where they acquire drugs. Low-flying airplanes particularly can go in a hundred miles, land at a rural air field at 3 or 4 o'clock in the morning in the dark, be met there by a truck, making it extremely difficult for anyone to be able to detect.

You have this Southeastern Regional Organized Crime Drug Enforcement Task Force. Do you feel that the coordinated efforts need to be beefed up in order to be able to thwart this increased activity in this area? Any of you that would like to testify, maybe all three of you.

Mr. MONZON. We currently have about 22 cases in the State of Alabama that were funded by the Organized Crime Task Force, and we are working with other Federal agencies. Right now, the funding and the coordination that we have been able to put into these cases has been satisfactory. We have been able to indict, in fact, some air smuggling cases. We had a recent indictment, trial, and conviction in the Middle District of Alabama that involved an air smuggling group that had smuggled several plane-loads of cocaine into the Alabama area, Tennessee, Georgia, and Florida area. Through a coordinated effort, we were able to identify witnesses, bring people to justice. As a result of the trial and conviction, the kingpin of the organization was given a life sentence.

Mr. GRIMES. In addition to that, the undercover operations we have had under the same auspices have been able to identify six major air smuggling groups working in the general area. While we have not indicted them yet, we are moving toward that. We feel that it has been a very successful cooperative effort.

Captain HYDE. Mr. Chairman, along with Customs and the other agencies, in the last few years we have boarded more vessels to check for compliance with the Federal laws, in this region. There is nothing I have seen to indicate that Mobile Bay is an open corridor for the drug smugglers.

I would not say they are not coming here. I do have a feeling that we have loads from time to time. But the intensity of our increased operations and the awareness of the people, my people as well as the other people who work in this area, would tend to slow that down somewhat. I think that we have a reasonably effective program right now. I do not think we are allowing a funneling of drugs into the State of Alabama because of an ineffectiveness on our part.

Senator HEFLIN. They, of course, have developed new technological means of detecting drugs that may be hidden. I know in Customs, for example, you see various stories on television of how maybe drugs are placed in lumber or something else. But we have heard more recently about, for example, dogs sniffing out drugs. We know that Auburn University has had a good deal of training of dogs, particularly with high olfactory sense, to sniff out certain drugs.

Have you all had any use of dogs in aiding and assisting you in being able to locate drugs that might come in hidden in some disguised manner?

Mr. GRIMES. We use dogs daily. We have 18 in my region which covers five States, and they are very successful. I might add that they are in great demand. We have over 120 teams in the country, and not only just for our Customs use, but the local units of government find them very helpful. They request our services in many cases. We have two teams right here in Mobile. I find that their ability to detect the drugs has caused the smugglers to go to great extremes to try and beat that capability, using all kinds of chemicals to fool them if they can. Surprisingly, the dogs are quite capable of going through most of those devices, although there are some times that we do get beat.

Senator HEFLIN. There has been some discussion to put Aerostat radar in and around the Gulf. Would that be of help and assistance to you, the DEA, Customs, and the Coast Guard?

Captain HYDE. Yes, sir. From what I understand of the Aerostat, it would significantly increase the range in which we could detect vessels, and it would improve our air detection capability. I would defer to Commissioner Grimes concerning air interdiction. That is more frequently handled by him. Right now we have the BLOC radar along the coast. Their range is not quite as far as that of the Aerostats. It may be a duplicative process at this stage if we put the Aerostats on top of the BLOC's.

Mr. GRIMES. We have plans right now for four Aerostats to be put into the Gulf to supplement the BLOC, the Blue Lightning Operations Center radar, which is really a vessel radar that reaches out about 25 to 40 miles. The Aerostats would definitely increase our capabilities, and we feel that they are needed. At this time, I think on the planning board we have four of them scheduled.

Senator HEFLIN. There have been discussions and testimony—I know Sheriff Tom Purvis was one of the witnesses that talked about the matter I am going to bring up. It is, No. 1, the difficulty with so many boats and so many small planes that it is very difficult to guard the coast and borders unless you have tremendous manpower, a tremendous number of increases in ships and all the elements that go into interdiction. We know the places where the drugs are coming from, South America, Central America, but to use sophisticated radar or various types of surveillance and to keep track and to identify the planes, and ships coming out of those countries that we know are the providers of drugs, and then to coordinate through military, Coast Guard or others, to identify and monitor the flights and the paths of these vessels as they would come toward the United States, trace them, and then try to use the data to interdict.

What are the inherent problems with that approach? And can they be solved? Can that approach be effective?

Mr. GRIMES. As you point out, sir, sorting is the big difficulty. We can spot the vehicles on the radar using the technology we have. We have support from the military with the E2C's, and we have our own Citation jets.

I would say that the key to this is prior intelligence. If we have that prior intelligence, then we can hone in on a particular vessel or a particular airplane at a given time and use the sophisticated technology that we have to spot that craft or plane, track it and then bring it in and put it into an interdiction mode and make the arrest.

We use profiles; we look for unusual patterns, unusual flight patterns; and we say that is a suspect. And we launch on them on numerous occasions, and sometimes we are right. More often, we are wrong.

Senator HEFLIN. I suppose after you get into international waters you are able to trace a boat or a plane that comes out of a suspect country. That, in effect, gives you some intelligence to watch it and monitor it. But if you have got further intelligence that comes from that country that would give you the identification of those suspect vessels and planes, it would be additional help.

Mr. MONZON. We have, as you know, Senator, agents assigned to source and transshipment countries around the world. Our agents work in these countries to gather intelligence information such as you are talking about, planes leaving and transporting drugs, or stopping in a particular country to refuel when transporting drugs into this country. The agents relay that information to the El Paso Intelligence Center, and at the intelligence center there are agents from Customs Service, Coast Guard, DOD, DEA, and other Federal agencies.

That information is then relayed to the appropriate area where we think the plane will be coming into if we have information they may be entering the country, and then we start from there.

Captain HYDE. Could I add something, sir?

Senator HEFLIN. Yes.

Captain HYDE. If I understood your question correctly, we would have to cover the whole Caribbean, the Gulf of Mexico, and we would be required to keep constant track of vessels that are departing from source countries.

Senator HEFLIN. Well, if you identified some by use of maybe the Coast Guard, the Navy, or Air Force, ways you can identify those types of suspect vehicles that are coming in and coming out of those countries, after they have gone a sufficient distance, then you figure that it is not just coastal traffic but it is traffic coming toward the United States can be identification. That reduces the number of ships that would be tracked.

Captain HYDE. Yes, sir.

Senator HEFLIN. And it would reduce the number that you have to identify and track around the coast and the borders of the United States. That type of traffic, whether or not that has the potential of identification and monitoring, and then potentially interdict.

Captain HYDE. The point that I was trying to make is if you identify 1 or 2, and maybe even 20, vessels that are departing from a South American country, you would have covered the whole region.

The Coast Guard does surge operations near the territorial waters of some of the source countries, and concentrates on trying to stop smugglers in the choke points of the Caribbean, based on information provided by DEA or other sources.

If the technology is available to cover the whole region, it would probably be cost-prohibitive at this stage. Our best bet, at this point, is to make maximum use of the E-2C and AWACS aircraft.

Senator Heflin. I would assume that we can identify the nations that are providing the drugs that come into this country. Many people think there are a limited number of them, which means that if we could ever get the cooperation of the internal governments of those countries, that this probably would be the greatest thing toward stopping the supply of drugs from foreign sources in the Western hemisphere from coming in.

Do you want to comment on that? I realize it is a difficult political problem, considering the corruption in various governments that exist. If we concentrated and somehow or another did it, obviously we must have had success in Turkey in regards to heroin; however, some people think that if we really put the pressure on five or six countries and had an all-out war there, we could substantially reduce the supply of drugs coming into this country.

Mr. Monzon. We have some operations ongoing right now in several South American countries, and we have seen the attitudes of those countries change. The cooperation is much better from source and transshipment countries. Last year, we had an operation in which 30 nations had a unified enforcement effort under the IDEC initiative, a unified enforcement effort in the Americas, in Europe and in Africa. That was the first time that had ever happened, foreign countries cooperating on something at the same time.

We are also seeing the source and transshipment countries' attitudes are changing. Those countries are finding out that they are not just the source country but they are also consumer countries. I think that is going to help a lot in changing their attitude as to what they are going to do as far as the production of drugs in their area.

Senator Heflin. Well, if we want to cut off the foreign supply of drugs coming in this country, then we are still faced with the demand problem and the profit that is there. What is our ability to control the production of drugs in this country? I mean, I think we have done a pretty good job. You had that old, illegal whiskey, and we still have stills that exist, and they move them around and that sort of thing. There are new technologies that are being developed, various types of sensors and other things that might aid us in detection. Do you feel like that with increased funding, if we were to cut off the foreign supply and give it top priority, that we can then move to prevent or to reduce domestic production of drugs?

Mr. Monzon. We estimate that approximately 25 percent of the marijuana consumed in this country is grown domestically. That is one of the areas that has to be addressed. I think that the funding that is going out to the States is helping in the eradication program. The National Guard getting into the effort is going to help. In the State of Alabama, the National Guard will be helping on air surveillance, infrared photography, such as those things, in the eradication program. The use of sensors are being used throughout the eradication program in several States.

I think that some of the legislation that has come out from the Congress has been helpful in the area of reducing supplies here. Clandestine laboratories produce a lot of the designer drugs and

Clandestine laboratories produce a lot of the designer drugs and

produce a lot of the crack, methamphetamine that was mentioned earlier today. A lot of it is produced in this country. Legislation will help us, and asset-seizure laws that have come out of the Congress have given us the ability to go in and seize the assets of these traffickers. I think it is important that we just not seize their drugs or seize their clandestine laboratories, but also go back and seize their assets. I think when you hit somebody in the pocketbook, you are really putting the hurt to them.

Senator HEFLIN. Are you getting the cooperation and doing things with local units so as to reduce the demand side of the drugs in your agencies?

Mr. MONZON. Yes. The DEA Administrator last year appointed one agent in each field division to do demand reduction efforts. And we are working with the LECC's at the U.S. attorney's offices in the various districts, and also going out and starting initiatives with the school boards and working with community and civic groups, and just to educate the public on the problems that drugs can cause and hopefully reduce the demand.

Mr. GRIMES. The U.S. Customs Service has an outreach program working with various schools and other civic groups to just educate the people and especially youth groups of what the real dangers are. And virtually all of our people have a mandate to step out and try and have an outreach program into all of our areas, an outreach program as broad as we possibly can.

Senator HEFLIN. How about the Coast Guard?

Captain HYDE. I am on the board of the Mobile Partnership for Youth which Ninky had commented on earlier. We do not have a formal program to regularly visit schools, but all our people are cooperating, and we have programs from time to time to make the students and public aware of the problem.

Senator HEFLIN. Would you each address generally whether you get the cooperation of local law enforcement officials in your areas, not just here in Mobile, but in the various areas that you have? There is always a danger of some corruption taking place in some law enforcement agencies. For example, low flying airplanes that go into a rural airport where it might be that some law enforcement officer is intentionally not going to be there at the time the plane arrives. There has been speculation that this type of thing occurs.

But generally, are you getting the cooperation of local law enforcement?

Mr. MONZON. There are a lot of law enforcement people in the area and throughout the country. I believe that one of the most important elements in effective narcotic enforcement is cooperation. I think that the State and local task force that we have working out of our DEA office here in Mobile which has officers from the Mobile Police Department, the Mobile Sheriffs Department, and the Alabama Bureau of Investigations, is extremely successful and a very good effort to improve the cooperation and initiate the type of cases that we need to initiate.

Mr. GRIMES. At our Blue Lightening Command Center in Mississippi, we cross-designated over 700 State and local police officers in the Customs laws. And they carry special ID's where on an individual case-by-case basis they can perform searches using the Customs authority.

This has been extremely successful and highly effective. And, yes, where there may be occasions where we have concerns about corruption, they are rare and we are constantly alert to them. But I find that as I said in my testimony that the cooperation among all the agencies, State and local, I have never seen it this good.

Senator HEFLIN. That is reassuring.

Captain HYDE. I find the same thing on cooperation. I have worked in a number of other law enforcement arenas, and Southern Alabama has the best cooperation I have seen. We work together, we talk with each other. I am mainly working in the bay and gulf. We get excellent cooperation from the Alabama Marine Police and from the sheriff's department.

Just to relate a little side story, about a month ago, one of the sheriff's deputies on Dauphin Island watched a Coast Guard Aircraft force a small plane to land. Without any calls, he responded to assist in an arrest. In reality, we were practicing with our Auxiliary so our aircraft would be familiar with air intercept and forced landings.

The agencies are alert and very cooperative. We all try to do the best that we can.

Senator HEFLIN. Would each of you give me your opinion of what you think that we have to do to win the war on drugs. And I might say how long is it going to last?

Mr. MONZON. It has taken about 20 years to get where we are at right now, Senator. And I think it is going to take a number of years. It is not going to go away overnight.

I think some things we do not have to do—we should not legalize drugs. I think that is something that we should not do. I think we need to continue our effort as far as the cooperative enforcement effort. I think we have to continue our demand reduction effort. And I think we have to do research, learn how to treat some of the addicts that we are coming up with today, the crack addict, what do we do with them, and have some treatment centers to treat the addicts that want help.

I think that the public will get to the point where—they are getting to the point where they are not going to be a victim of a drug user, and they are going to demand that the drug user be held accountable.

Mr. GRIMES. I think that in addition to traditional demand reduction, and eradication at the source, it is important to get the public involved. If they are not willing to help us, we are never going to win it.

A case in point, we have the 1-800-BEE-ALERT number where we try and solicit people to come in anonymously and give us information about drug smuggling.

And I have sent our agents out to all the marinas in the area where we figure there might be good sources of information in the form of people out in small boats, fishing and so forth. Not one marina would accept that poster that we sent out for fear of their business being reduced. They did not want to be a part of it, they wanted to stay away from it. I am against drugs, but I do not want
wanted to stay away from it. I am against drugs, but I do not want
to be involved.

Until we get that involvement, I do not think we will ever be able to really make the effort that we need.

Captain HYDE. I will go along with what was said. We will never stop smuggling completely with law enforcement. Education and the demand reduction is our only hope. Mr. Chairman, each of us, each citizen in this country, must first become aware that drugs do affect us either financially or or in our community.

We still seem to be of the opinion that even in this community drugs affect the neighbor, another neighborhood, or someone other than us. There are a number of people around the country that do not understand what illegal drugs will do to them or how drug abuse will affect them. They do not recognize how cocaine addiction will affect them, their children, or their neighbors.

We still have an identity problem. Even as prevalent as marijuana is in the United States, we still have people that do not know what marijuana is. They do not even recognize the smell of marijuana.

We have to make the public aware that the problem affects them individually. It is going to affect their family, and is definitely affecting their pocketbook.

Senator HEFLIN. Well, thank you gentlemen. Is there anything else any of you would like to say or would like for us to put into the record and tell Congress? I suppose you need a little more funding.

Mr. MONZON. Just get the budget approved, sir.

Senator HEFLIN. Anything other than that?

We feel you have done a good job with the resources you have and the enemy that you have to consider. The Coast Guard did a terrific job in Yucatan Peninsula and other areas a while back and continues to do a good job. Customs is constantly active. DEA is working hard—it is a tough battle but you are doing fine. You have got the drug czar now coming along. Maybe things will get coordinated and he can get started. And I am impressed with what he is trying to do.

But if you have anything else that you would like to say, we would be glad to let you use this opportunity to put it on the record.

Mr. MONZON. We thank you for coming out to the State and holding hearings. I think it is important that you hear firsthand from the law enforcement officers in the demand side and the supply side of what is going on in the State. We appreciate that.

Mr. GRIMES. We thank you too, the U.S. Customs Service, for your support and for Congress's support. It has been very, very helpful.

Captain HYDE. I thank you for the opportunity to be here.

The one thing that affected me was when the Coast Guard had to cut back law enforcement efforts by 55 percent. I am pleased this is resolved and we have a budget this year. We will never have enough resources, as you stated earlier. But with a budget that fully allows us the resources we do have, we can concentrate our efforts on drug enforcement.

Senator HEFLIN. Well, thank you. We appreciate you being here and your testimony.

Senator Shelby was unable to be here. He has a statement that will be made part of the record.

[The statement of Senator Shelby follows:]

Speech by SENATOR RICHARD SHELBY Date: 04/24/89

HEARINGS BEFORE THE SENATE SUBCOMMITTEE ON COURTS AND ADMINISTRATIVE PRACTICE IN RELATION TO ANTI-SUBSTANCE ABUSE PROCEDURES AND PRACTICES.

I WOULD LIKE TO THANK SENATOR HEFLIN FOR SCHEDULING THESE HEARINGS ON A MATTER OF UTMOST NATIONAL CONCERN. A DRUG FREE COMMUNITY IS THE GOAL. THE REMOVAL OF ILLEGAL AND DEADLY DRUGS FROM OUR COMMUNITY AND THEIR ATTENDANT ILLS IS THE PREFERRED OBJECTIVE. THIS OBJECTIVE MUST BE PURSUED FORTHWITH.

THE AMERICAN PEOPLE HAVE BEEN VICTIMIZED BY DRUG SUPPLIERS. WE HAVE BEEN ATTACKED REPEATEDLY BY AN INTERNATIONAL NETWORK OF DRUG TRAFFICKERS. WE HAVE SUFFERED IRREPARABLE DAMAGE AT THE HANDS OF THOSE WHO DO NOT VALUE THE SANCTITY OF HUMAN LIFE.

THE TIME HAS COME FOR US TO SAY ENOUGH. THE TIME HAS COME FOR US TO SEVER THE TENTACLES OF DRUG SUPPLIERS THAT HAVE BEEN STRANGLING OUR COMMUNITIES. THE TIME HAS COME FOR US TO ZEALOUSLY IMPLEMENT ROBUST MEASURES TO COMBAT THE SUPPLY OF ILLICIT SUBSTANCES THAT ARE KILLING, PHYSICALLY AND MORALLY, SO MANY INDIVIDUALS WITHIN OUR SOCIETY.

MOREOVER, WE MUST CURTAIL THE DEMAND FOR DRUGS. WE CANNOT DESCRIBE OURSELVES IN GENERAL TERMS AS INNOCENT VICTIMS. ILLEGAL DRUGS ARE IN GREAT DEMAND IN AMERICA. THEIR USAGE IS NOT RELEGATED TO A SPECIFIC REGION, PARTICULAR SOCIAL STRATA, OR DEFINED ECONOMIC GROUP. DRUG SUPPLIERS DO NOT DISCRIMINATE.

TO COUNTER SUCH INDISCRIMINATE ACTIVITY WE NEED ENHANCED EDUCATION PROGRAMS, DETAILED REHABILITATIVE PROGRAMS AND COMPREHENSIVE COMMUNITY PREVENTION INITIATIVES. THE HEARINGS HELD THIS WEEK WILL AID IN PROVIDING THE STRATEGIES AND MEANS TO INSTITUTE SUCH PROGRAMS.

I MUST COMPLEMENT THE INDIVIDUALS AND COMMUNITIES THAT ARE WORKING TO EXTIRPATE FROM OUR SOCIETY THIS DESTRUCTIVE AND DEBILITATING EVIL. WE MUST COMMEND THOSE INDIVIDUALS FOR THEIR PRUDENT AND REASONABLE APPROACHES TO THE DRUG PROBLEM. MANY SHELTERS HAVE BEEN CREATED, MANY EDUCATIONAL SEMINARS HAVE BEEN PRESENTED, AND MANY NEIGHBORHOOD WATCH GROUPS HAVE BEEN FORMED. THIS NEEDED PARTICIPATION HAS BEEN AN ASSET TO THE BATTLE AGAINST DRUGS.

EVEN THOUGH THE CHALLENGE WE FACE IS DIFFICULT; IT IS NOT INSURMOUNTABLE. WE HAVE THE WILL OF THE AMERICAN PEOPLE BEHIND US. THAT WILL HAS SEEN US THROUGH SOME DARK PERIODS AND WE HAVE EMERGED A BETTER, STRONGER AND MORE BALANCED NATION.

AS WE CONSIDER DRUG POLICY THERE ARE TWO POINTS I WOULD LIKE TO STRESS. I BELIEVE IT IS NECESSARY FOR US TO INSTITUTE STRONGER PENALTIES FOR DRUG TRAFFICKERS AND THOSE WHO COMMIT DRUG RELATED CRIMES. OF UTMOST IMPORTANCE WE MUST STOP DISTRIBUTION AROUND THE PLACES OUR CHILDREN CONGREGATE--SCHOOLS, PLAYGROUNDS, YOUTH CENTERS AND OTHER SUCH PLACES. WE NEED TO CREATE A SAFETY NET FOR OUR CHILDREN. OUR CHILDREN, OUR FUTURE, MUST BE PROTECTED. TOO OFTEN AS WE LISTEN TO THE EVENING NEWS WE HEAR ACCOUNTS OF CHILDREN DYING OR OF BEING PERMANENTLY DAMAGED BY DRUG USE. THIS TRAVESTY MUST CEASE. IT IS OUR DUTY AS CARING AND CONCERNED CITIZENS TO COME TO THEIR AID.

I AM ALSO INTERESTED IN, AND LOOK FORWARD TO THE WITNESSES' COMMENTS ON, METHODS TO ENSURE A LONG-TERM COMMITMENT OF RESOURCES AND PERSONNEL FOR SUBSTANCE ABUSE EDUCATION, TREATMENT, AND REHABILITATION EFFORTS. WE MUST NOT TURN A DEAF EAR TO THOSE INDIVIDUALS WHO NEED OR WANT ASSISTANCE IN TERMINATING THEIR DRUG DEPENDENCY.

THE TIME HAS COME FOR ACTION. WE MUST NOT ALLOW THE CONTINUED VICTIMIZATION OF OUR SOCIETY BY THESE MERCHANTS OF DEATH. WE MUST PREVENT THE BIRTH OF CHILDREN WITH PHYSICAL AND MENTAL DEFECTS DIRECTLY RELATED TO DRUG USE DURING PREGNANCY. WE MUST NOT ALLOW THE METASTASIZING OF OUR COMMUNITIES.

SENATOR HEFLIN, I COMMEND YOU ON YOUR WORK AND AM WILLING TO ASSIST YOU IN ANY WAY THAT I CAN.

Senator HEFLIN. So with that, we will conclude our hearing.

[Whereupon, at 12:55 p.m., the committee adjourned, subject to the call of the Chair.]

DRUG ABUSE

THURSDAY, APRIL 27, 1989

U.S. SENATE,
SUBCOMMITTEE ON COURTS AND ADMINISTRATIVE PRACTICE,
COMMITTEE ON THE JUDICIARY,
Montgomery, AL.

The subcommittee met, pursuant to notice, at 1 p.m., in Second Floor Courtroom, U.S. Courthouse, 15 Lee Street, Montgomery, AL, Hon. Howell Heflin (chairman of the subcommittee) presiding.

Staff present: Karen Kremer, chief counsel and staff director; Scott Williams, counsel; and Monique Abacherli, chief clerk.

OPENING STATEMENT OF HON. HOWELL HEFLIN, A U.S. SENATOR FROM THE STATE OF ALABAMA

Senator HEFLIN. I believe we can get started.

I want to thank Chief Judge Hobbs, Judge Dubina and Judge Thompson, and Mr. Curtis Kaver, the clerk of the U.S. district court here, for allowing us to use this courtroom for this hearing.

These hearings have been authorized by the Senate Judiciary Committee. We understand that there will be similar hearings in other States, in effect, getting advice, the thoughts, and various contributions that local law enforcement, educators, people involved in rehabilitation can make in order that it might be shared with people all over the country and certainly shared with the lawmakers pertaining to changes that might be needed in the Anti-Drug Abuse Act. Therefore, these hearings are being conducted.

We had a hearing in Mobile yesterday that concentrated on interdiction with the Coast Guard, the Customs Service, the DEA, and local law and enforcement and education and rehabilitation there also, but primarily on interdiction. Today we are here, and we are in the seat of the capital of Alabama, and so we will hear a great deal from State officials as well as Federal, local officials, educators, and people involved in rehabilitation.

We realize that the drug issue is a tremendous issue, and we are confronting the problem not only in Alabama, but across the Nation as a whole.

Last year, Congress enacted the Anti-Drug Abuse Act of 1988, which contained a comprehensive approach to fighting the war on drugs. Two aspects of the plan:

First, reduce and hopefully eliminate the supply.

Second, curtail and eventually eliminate the demand.

The new law created the office of National Drug Control Policy and, last month, the Senate confirmed William Bennett to direct the office as this Nation's first drug czar. Director Bennett is charged with formulating an overall strategy and coordinating the efforts of all Federal agencies. There are more than 25 different Federal departments and agencies that are involved in this war on drugs.

I believe that the position of drug czar is absolutely necessary if we are serious about an all-out effort on the drug problem. The Anti-Drug Abuse Act created new penalties, increased other criminal penalties for offenses involving drug trafficking. It established the imposition of the death penalty for killings that were committed by drug kingpins. It renewed the commitment to increase treatment and prevention efforts. It created sanctions to penalize drug users. And it focused once again on the need for the coordination of Federal, State, and local efforts by providing assistance, financial assistance and grants to the State and localities.

What impressed me most about this legislation is the breadth of its provisions and the recognition that a single-minded approach to the drug problem will ensure certain defeat. We must have a strategy both for international and domestic fronts. This strategy must include interdiction, education, treatment, prevention and, above all, a commitment that drugs will no longer rule our society, corrupt our youth, and threaten our existence.

We have an all-out fight on our hands. Drug traffickers peddle their wares not only in the large urban areas of our country but also on the streets and corners of even our smallest communities. Drugs enter our country seemingly at will pass down our streets and avenues, leaving a path of utter destruction and disbelief in their wake.

The sad truth is that the drug abuse touches every State, every community, every individual. Whether we realize it or not, many Americans are financing and supporting one of the most profitable businesses in the world. Last year, the drug trade garnered $110 billion in the United States alone. This amount is more than double the profits of all of the Fortune 500 companies.

Furthermore, the supply keeps coming. Law enforcement officials are engaged in a never-ending task. In 1988, U.S. law enforcement agencies seized approximately 300,000 pounds of cocaine. And I could certainly speculate that this is a mere fraction of the amount that actually entered our country. Much of this cocaine is now being transformed into a highly addictive substance called crack, which is now being sold in our neighborhood from $5 to $15 a dose.

So pervasive is crack's use that a Fortune magazine article has called it the "Big Mack" of street drugs. Unfortunately, the battlefield is not limited to the street. Traffickers have been at our schools and our homes. I have been told that drug dealers are now lacing cartoon stickers with hallucinogenic chemicals that can be absorbed through the skin by the unexpecting touch of a child. Thus, our children are becoming victims of an unseen assailant. When we lose the ability to protect our children, it is time to say "enough."

Each of you have your own experiences with the issue of drug abuse whether you are attacking the supply, educating our youth, or treating the abuser. You each have an important contribution to make in fighting the drug war. You each have a story to tell, and that is our purpose today, to find out what is happening on the front lines of the battlefield.

The phrase "war on drugs" has become commonplace, but make no mistake about it, it is a war. We have no other choice but to fight and to win.

Thank you for your presence today and I look forward to the testimony that we will be presented.

I would like to begin by recognizing some members of our Judiciary staff that are with us.

Karen Kremer is the chief counsel and staff director of the Subcommittee on Courts of the U.S. Senate Judiciary Committee. Karen, if you would stand up.

Scott Williams is an attorney with the Judiciary Committee, and if he will stand up.

Monique Abacherli is one of our employees and assistants that helps us in the Judiciary Committee.

And we have been extremely fortunate to have with us this year a congressional fellow from the Secret Service, J.B. Floyd, who is seated near me. He has been of immense help in the drafting of the drug legislation that Congress passed last year.

We have a number of witnesses. I believe there are about 14. We are going to have to ask that each will summarize his testimony, limit it to 5 minutes. The written testimony will be made a part of the record. Any statements that you want to be submitted can be submitted. The oral testimony will be sent back for review and editing. And any enlargement can be made at that time. You can supplant and add to it any testimony that you would like to give.

We are delighted to have the attorney general of Alabama, the Honorable Don Siegelman, with us. And we know of your record, and the fact that you have been vitally interested in trying to stop drug abuse in the State of Alabama, and we are delighted to hear from you at this time.

STATEMENT OF HON. DON SIEGELMAN, ATTORNEY GENERAL, STATE OF ALABAMA

Mr. SIEGELMAN. Thank you, Mr. Chairman, members of the committee, staff. I am pleased to appear before you today as attorney general of Alabama, and also as chairman of the National Association of Attorney Generals' National Drug Advisory Panel.

As attorney general in Alabama, I have seen how drugs destroy the lives of our children, and how drugs are at the heart of most serious crimes. Yet, Alabamians can be proud of the efforts that we have made to win the war on drugs. By working in partnership with the Alabama legislature and other law enforcement officials throughout the State, we have taken what was a very weak set of drug laws and turned them into some of the toughest in the country.

Members of the Narcotics Officers Association tell me that they are experiencing positive results from these changes in our laws.

We must keep the pressure on the drug dealers with tough law enforcement and through effective drug interdiction programs.

But, Senator, the time has come to launch a new offensive in this war. The war on drugs must be fought not only in the streets of our towns and cities, but also in the minds and hearts of our young people.

Too often in the past, drug use has been glamorized by television or in the movies. The only long-term solution is to raise a generation of young people with the power of knowledge to reject the lure of drugs.

Our foremost responsibility as parents is to educate, nurture, and protect our children. Today, the most serious threat to our children's health and well-being is that of illegal drugs.

A recent Gallup poll asked students, aged 13 to 18, to identify the biggest problem facing them. Drugs were at the top of their list.

Major national studies all agree that drug use by children is at an alarming level. Of critical importance is the fact that children are beginning to use drugs at younger and younger ages.

Law enforcement agencies have put thousands of drug dealers behind bars. We have seized their assets and interdicted huge amounts of drugs coming into our communities. But the drug problem persists and criminal drug activity continues to increase. As long as people are willing to pay for drugs, drug dealers will undertake the risk involved to supply that demand. Therefore, our emphasis must be on attacking the demand for illegal drugs.

Reducing demand through education means that fewer of our children will try illegal drugs, and that means more healthy, more productive and more creative children entering adulthood.

I am very pleased to have had an opportunity to work with Dr. Wayne Teague and his fine staff at the Alabama Department of Education to define the legal parameters for a drug abuse education curriculum for all public schools, grades K through 12. This curriculum was put in place last fall and includes extensive information on the biological, psychological and physiological effects of illegal drugs.

"Just Say No" is a very important national program. But we must go beyond it to explain why children should just say no so that they will understand the very real dangers of alcohol and other drugs.

Our schools are uniquely situated to be a part of the solution because children spend so much time there, and the Alabama drug abuse education curriculum is an important step in the right direction. But we as parents must realize and never forget that basic values begin at home. Teaching right from wrong, self-esteem and self-confidence are primarily a parent's responsibility.

In addition to our educational efforts, we must make adequate treatment available to those who want to break the cycle of self-destruction. Too often, young people simply cannot afford the cost of private treatment.

In Alabama, we have very limited resources directed toward treatment. Currently, there are only 12 publicly funded beds for adolescents in Alabama. This fact contributes greatly to the tragedy of drug abuse among our youngsters and must be corrected. We must make a commitment to provide treatment to young people who are willing to reach out for help.

The war on drugs is very complex, as you indicated, Senator, and the problem will be solved only by a multifaceted approach.

Alabamians can be proud of our efforts to eliminate illegal drugs. By building a partnership with the Alabama legislature, law enforcement, parents, teachers, students, the clergy, and the business community, we have made some very real progress toward winning this war. And I, for one, Senator, believe that we will win this war.

Our most powerful weapon is the will and determination of every American to rid our communities of illegal drugs. And when we support this determination with leadership, with drug education for our young people, and with the necessary resources from all levels of government, then, and only then, will we realize our dream of drug-free schools and drug-free communities.

Senator HEFLIN. Thank you, Attorney General.

Let me ask you this, because you are concerned with law enforcement and the incarceration of those that have been convicted of crimes.

What is the present situation in Alabama with State prisons and also Federal prisons pertaining to the ability to, in effect, lock up those that have been convicted?

Mr. SIEGELMAN. Senator, we had some 10,000 drug cases in my first year as attorney general. And we had a problem in Alabama because the attitude of the Department of Corrections toward drug dealers was too lenient. Those people who sell drugs to our young people should be held accountable for the ultimate consequences of their crimes. I am reminded of young Scott Palmore from Wetumpka, AL, who wrote a note to his parents describing how cocaine had taken control of his body and how he was living in hell. He went on to ask for his parents' forgiveness and his God's forgiveness, and then laid down with one of his father's rifles and took his own life.

The attitude of our Corrections Department—which fortunately has changed—had been that those people who sold the drugs were not guilty of a violent crime because, after all, they would say, they did not pull the trigger. So they would release those people almost as fast as law enforcement officials could arrest them. As fast as they could be prosecuted by the district attorney or the U.S. attorney, they would be turned back out on the streets through some sort of work release program. They would be working, all right. They would be working the very day they got out, selling drugs, just as they did before they got into prison.

The cost of keeping these people in prison is small compared to the death that they deal to our young people. We have changed that lenient attitude through legislation, through a more aware and concerned electorate and citizenry, through drug education programs, through change in the attitude of the people at the highest levels of government, and through your efforts here today, sir.

Senator HEFLIN. Would you give us, and you may want to add to this in writing, a list of your needs, as you see it from your office, relative to being able to engage in an all-out war and, if you could, to list priorities among those needs? You can provide it later and give an idea of what you need from the Federal Government in addition to what you are getting.

Mr. SIEGELMAN. I would be delighted to do that. There needs to be support for State and local efforts for drug prosecution strike forces so that we can go in and play hardball with these drug dealers.

Part of the problem is that the district attorneys must deal with local attorneys who they have to deal with every day. Their caseload is overwhelming. Plea bargains are made and lesser sentences are handed out simply because they do not have the resources to go in there, as Tom Sorrells of my staff has done, and not accept a plea bargain but meet them in court before a judge and jury and put them away.

So we would need money to support our drug prosecution strike force. I think everyone who will testify today would agree that additional support for investigatory efforts would be helpful. A larger degree or higher degree of cooperation and coordination among law enforcement agencies would be helpful.

I think we have made great progress in interdiction, in the law that you, sir, had a hand in passing this last year, 1988. We are making progress in the war on drugs but we need to open a second front in the area at education and treatment. If we are going to win this war, it is going to take a cooperative effort on all fronts to see it through.

Senator **HEFLIN**. Well, thank you. We appreciate, Mr. Siegelman, your testimony here today. And if you wish to add to it, your full statement will be made a part of the record.

Thank you very much.

Mr. **SIEGELMAN**. Thank you, sir.

[The statement of Mr. Siegelman follows:]

STATEMENT OF ATTORNEY GENERAL DON SIEGELMAN
U.S. SENATE JUDICIARY COMMITTEE
SUB-COMMITTEE ON COURTS
& ADMINISTRATIVE PRACTICE

Montgomery, Alabama
April 27, 1989

Thank you, Mr. Chairman, members of the Committee. I am pleased to appear before you as the Attorney General of the State of Alabama and as Chairman of the National Association of Attorney General's Anti-Drug Policy Advisory Panel.

As Attorney General I have seen first hand how illegal drugs destroy lives.

Drug and alcohol abuse are at the heart of the vast majority of serious crime and this is a problem that must concern us all.

Alabamians can be proud of the efforts that have been made to Win the War Against Drugs. By working in partnership with the Alabama legislature and other law enforcement officials, we have changed Alabama's drug laws from some of the weakest to some of the toughest in the country.

Members of the narcotic officers association tell me they are experiencing positive results from these changes.

We must keep the pressure on the drug dealers with tough law enforcement and effective interdiction programs.

But . . The time has come to launch a new offensive. The War on Drugs must be fought not only in the streets of our towns and cities but also in the minds and hearts of our children.

Too often in the past, the use of drugs has been glamorized on television and in the movies. The only long term solution is to raise a generation of young people who will use the power of knowledge to reject the lure of drugs.

Our foremost responsibility as parents is to educate, nurture and protect our children. Today, the most serious threat to our children's health and well-being is drug abuse.

A recent Gallup poll asked students aged 13 to 18 to identify the biggest problem confronting them. Drugs were at the top of their list.

Major national studies all agree: Drug use by school age Children is at alarming levels. Of critical importance is the fact children are using drugs at younger and younger ages.

Law enforcement agencies have put thousands of drug dealers into prison, seized their assets and interdicted huge amounts of drugs headed for our communities. But the drug problem remains and criminal activity continues to increase. As long as people are willing to pay for illegal drugs, drug dealers will undertake the risk involved in meeting that demand. Therefore, our emphasis must be on attacking the demand for illegal drugs.

Reducing demand through education means that fewer of our children will use illegal drugs--and that means more healthy and productive children growing into adulthood.

I'm pleased to have had the opportunity to work with Dr. Wayne Teague and the fine staff of the Department of Education in developing the legal perimeters of a comprehensive drug education program that was implemented just this last fall in grades K through 12. This curriculum includes extensive information on the biological, psychological and physiological aspects of using drugs.

"Just Say No" is an excellent program . . but we must go beyond it to explain "why" they should say no so children will understand the very real dangers of using drugs.

Our schools are uniquely situated to be part of the solution to student drug use because children spend so much time there and the Alabama drug abuse education curriculum is an important step in the right direction.

But we must never forget that basic values begin at home. Teaching right from wrong, self-esteem and self-confidence is primarily a parent's responsibility. In addition to our educational efforts, we must make adequate treatment available for young people who want to quit using drugs and break the cycle of self-destruction.

Too often, young people who want help cannot afford the cost of private treatment. In Alabama, we have limited resources directed at treatment.

Currently there are only 12 public supported treatment beds for adolescents in Alabama. This fact contributes greatly to the tragedy of drug use by youngsters and must be corrected. We must make a commitment to provide treatment for those willing to reach out for help.

The War Against Drugs is a complex problem requiring a multi-faceted solution.

Alabamians can be proud of our efforts to eliminate illegal drugs. By building a partnership with the Alabama legislature, law enforcement, parents, teachers, young people and the clergy and the business community, we have made real progress toward winning the War on Drugs.

Public awareness campaigns of the drug problem has placed winning this war at the top of our nation's agenda. I am one that believes . . we will Win this War.

Our most powerful weapon is the will and determination of every American to rid our communities of illegal drugs. When we support this determination with leadership, drug education and the necessary resources we will then realize our dream of drug free schools and communities.

Senator HEFLIN. Our next witnesses is a panel of State and Federal officers, Mr. Charles Swindall, the Division Chief of the Law Enforcement Planning and Highway Safety, Alabama Department of Economic and Community Affairs; Col. Thomas H. Wells, the director of the Department of Public Safety, Alabama Bureau of Investigation; Captain M. L. Jemison, Alabama Bureau of Investigation; and Mr. James E. Wilson, U.S. attorney, Middle District of Alabama.

Mr. Wilson, it is really in one of your courtrooms. We would appreciate it if you would start. Again, let me ask each of you to summarize your written testimony. I have already reviewed some of yours, Mr. Wilson, and I believe I got past page 29, so that would take about—if it is 2 minutes to a page, that would take us a good deal of time; so if you would summarize. And the full statement will be made a part of the record, and that is true in regards to each of the other witnesses on other panels.

Go ahead, sir.

PANEL CONSISTING OF CHARLES SWINDALL, CHIEF, LAW ENFORCEMENT/TRAFFIC SAFETY DIVISION, ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS; COL. THOMAS H. WELLS, DIRECTOR, DEPARTMENT OF PUBLIC SAFETY, ALABAMA BUREAU OF INVESTIGATION; CAPTAIN M.L. JEMISON, ALABAMA BUREAU OF INVESTIGATION; AND JAMES E. WILSON, U.S. ATTORNEY, MIDDLE DISTRICT OF ALABAMA

STATEMENT OF JAMES E. WILSON

Mr. WILSON. Thank you very much, Senator Heflin. It is a pleasure to be here as the U.S. attorney for the middle district, and I bring you direct greetings from Attorney General Dick Thornburgh today.

The problem of illegal drugs is the No. 1 problem, Senator, in all three of the Federal judicial districts. We set this board up on the corner so you can see how the State is divided from a judicial point of view. I cover the southeastern quadrant that has almost 1 million people in that district, and we cover 23 counties.

Senator, the use of aircraft appears to be the choice method used to bring in large quantities of drugs here in Alabama. We are continuing to have reports from our local citizens, and many of those loads are designed for what we call planned shipment on to locations outside the State of Alabama.

In addition, a second primary method that is being used is, of course, the use of ground transportation. Ground transportation is being used from everything from hearses and pickup trucks to larger vehicles that are being found on our highways to move drugs around the State between local communities and outside the State to the larger communities.

One of the topics that we want to talk about very briefly, Senator, is the area of law enforcement cooperation. And this panel presents, along with Attorney General Siegelman, who just left, representatives of that outstanding cooperation that we are having today.

I am pleased to announce to you that we are at an all-time high for cooperation. But we have got a lot of things that we can do to enhance that in the future.

You may have read about our widely publicized series of drug trials that took place, many right here in this courtroom over the last 3 years, involving the Jerry Aller/LeQuire case. That particular case involved the shipment of over 100 loads of drugs. We know of at least 68,000 pounds of cocaine, 2,000 pounds of marijuana, and 1,200 methaquaalude tablets that came into areas of Alabama, into areas of Florida, Georgia, and Tennessee in the 1-year timeframe of 1982 to 1983. That organization amassed a $280 million profit, and we have not found that money yet.

And that is the type of organization that we are now dealing with right here in down home Alabama. And it is a serious problem. That organization used a murder, it used threats, it used bombings, it used payoffs to a local jailer for a jailbreak. And it even attempted to electronically eavesdrop on the grand jury here on the fifth floor of this Federal Courthouse. So there was nothing that it would not do if it served the organization's interest. And that is what we are dealing with and these law enforcement officers are dealing with.

I am happy to say that the smaller task forces that Attorney General Siegelman mentioned are up and running. They are being funded by the Governors' task forces, and the moneys that are being passed down on the Federal level. And they are doing an outstanding job.

And I want to also add that I also see the problem that the local district attorneys and the Alabama prison system are facing because, as the DA's build up 100, 200, 400 cases, they have one or two assistant DA's handling those cases, and the cases are being put off for that term. And as you understand, sir, having been a distinguished jurist, that is going to cause a problem as we move down the line.

The Alabama prison system has recently been released from a Federal court order. Again it is now facing a big glut of cases that will be in the pipeline, not too dissimilar to what the Federal system will be facing in the very near future.

One of the good things to report in cooperation is the advent of the Law Enforcement Coordinating Committees in each of the U.S. attorneys' offices. And that is a chief priority as it is with Attorney General Thornburgh, in my district. We use that organization to train on various topics. Each quarter, we have a very specific topic. And the next quarter, which is in May of this year, we are going to have a 3-day conference on what else but crack cocaine. And we expect to have over 200 law enforcement officers there because that is the hot topic, and that is where they need the training.

When I became the U.S. attorney 2 years ago, I was amazed to find out that there are local police officers who do not know how to do a search warrant. There are local long-time career deputy sheriffs who have never had an opportunity for training. And we have used our LECC to put on some miniconferences during the last 22 months just for this purpose, at no cost to the local law enforcement agencies. We have used our LECC in cooperation with the Alabama Bureau of Investigation, the FBI and the DEA, to train

110 of the Alabama Beverage Control Board agents who are now working narcotics, again using existing Federal and State resources to expand and do additional duties. And these are the good things that I have to report.

And I also report to you that both the Governor and his staff, and Attorney General Siegelman and his staff have been working very closely, particularly with my office here in the middle district, to tune up on crime, working at it particularly in the point of view that we want to do everything we can to put the full court press on the drug dealers.

There are a couple of problems I need to mention to you. Two of them I think are specific in Alabama.

One of them is geographic. You will note we are right across, at least in the panhandle area, we are two counties deep in the Middle District of Alabama and, of course, Baldwin and Mobile Counties are on the Gulf of Mexico.

Jeff Sessions in Mobile sees an influx of boats bringing dope into the Mobile harbor. I see an influx of aircraft coming in across those two panhandle counties and landing down in the areas of Covington, Geneva, and Houston Counties. And I get reports from citizens every week that I have heard this aircraft, or I have seen this situation. It is existing.

I believe, and my evidence indicates to me, that that border is wide open and something needs to be done about that. And it needs to be done as soon as possible.

The second point is that all of these smaller communities that we have, the Red Levels, for instance, down in the southern part of my middle district here, they have got a crime problem and a particular drug problem when one guy smokes marijuana on the side of the street, and the police officer in charge cannot respond. And I think there is a distinct need for funding and other activities that we can use to bring in the new generation in which we are simply reducing demand.

Attorney General Siegelman mentioned this. It was almost like he had looked at my remarks because I want to quote our Attorney General of the United States, who has recently said, when speaking to special agents in charge of DEA and the FBI, and I quote him, "The war on drugs must ultimately be won on the battlefield of values."

General Thornburgh also said, "And the struggle is for the soul of the next generation. We will prevail only when changes and values force drugs out of fashion."

I urge you and your subcommittee, Senator, to support the President's 1990 budget, and particularly those aspects, the demand reduction and additional agents for use in the U.S. attorneys' offices and in the Federal law enforcement agencies to enhance these activities.

And as I said, we do need more Federal agents. We have only one domiciled DEA agent here in Montgomery. I have with me today as my guest Special Agent Bill Warner, who I hope is in the crowd. Bill, stand up. Senator, this is the best DEA agent I ever met in my life. If you could clone a hundred of him and turn him loose, the folks down in South America would not want to come to this country. [Laughter.]

And I will tell you why. This gentleman right here has been in the trenches. He spent a number of years in the trenches with local law enforcement in Jefferson Parish down in Louisiana and with the office of the Police Department in New Orleans, with DEA down in Miami and in the panhandle of Florida. And he gets the job done with the resources he has every time and, as you say in the Strategic Air Command, on time.

That is what we need. We need a hundred or a thousand more Bill Warners with the money and the resources. It is one thing to pass a bill, Senator, and authorize a hundred Bill Warners. The thing we also need is money to pay for them and money for supplies so they can get out there and do their job.

And the last topic I want to touch on very quickly is the most exciting topic that has come along in a long time. And that is equitable sharing.

I commend you and all the Members of Congress for the great work that you did on the Anti-Drug Abuse Act of 1988. But buried in that bill is a section called 6077 that amends a part of our procedures for equitable sharing, and it has created a problem for us.

You will note today that we have, in the last 2 years, given out about $312,000 in this district alone in equitable shared money. We have provided in the southern district 348,000. In the last 3 years in the northern district almost $1 million.

There are two ways that equitable sharing works. One way is when our agents work arm in arm, the Federal and the State agents together, and they work a case, and normally the proceeds from that, if there is any property to be sold and distributed is split on a percentage share, 50-50 or 25-75, whatever the percentage is.

The other way it works, and the one that we are now looking at the most problems with is what we call the adopted seizures, or some people call it adoptive forfeiture, or adopted seizure. It is where the State agent makes his case. He independently investigates it. He may even prosecute it through the State circuit court system. And he has actually taken into custody property that can be theoretically forfeited under the Federal laws.

Because of reasons having to do with the efficiency and the effectiveness of our system, and some of the laws that you and your colleagues passed, he brings that case to us, we adopt it, we adopt the seizure. We then process it under the Federal forfeiture law, either administratively or in court.And up through right now and up to the end of this fiscal year, whatever his percentage of participation, and it is usually 100 percent, we can give him back up to 90 percent, and it goes back to him. And we are just a conduit to make sure that the law is properly carried out.

Well, the Anti-Drug Abuse Act Change No. 6077 has an impact, because it says that in the future, beginning with the first of the fiscal year, that the Attorney General of the United States cannot transfer any funds where there is any possibility that that will theoretically violate State laws or State laws that limit the distribution of those proceeds.

And if you look at, for instance, the appropriate Alabama law that I have cited on page 27 of my written statement, that section 2293(e) of the Alabama Code, it clearly says that the funds from drug type activities will be forfeited and will be returned to the municipal or county or State general fund. And that is where the rub lies.

Whereas now, that particular fund goes directly back to law enforcement for their use in law enforcement, in the future it can go back to the general fund operator for whatever purpose that he sees fit. It can be anything. And law enforcement has seen this particular bill to have this money transferred to them as a tremendous incentive.

I have never seen a more aggressive response from individuals. It was like you have added the profit motive and, suddenly, this is something that you understand. One of the clear impacts is in small cities that never used to have anybody interested in drug enforcement. Now they have their own little units that they are creating called narcotics or narcotics and vice units. And it is all being funded by this flow.

Senator, I call this matter to your attention because it is something that needs the strictest assessment by you and your colleagues in the Senate and in the House. We recommend, and I recommend as U.S. attorney, that you give it the most careful consideration, and that some type of an adjustment or fix be addressed at the earliest possible time.

I thank you for your time, and I will be happy to answer any questions at a later time.

[The statement of Mr. Wilson, with attachments, follows:]

Department of Justice

STATEMENT

OF

JAMES ELDON WILSON
UNITED STATES ATTORNEY
MIDDLE DISTRICT OF ALABAMA

BEFORE
THE

JUDICIARY SUBCOMMITTEE ON COURTS
AND ADMINISTRATIVE PRACTICE
UNITED STATES SENATE

CONCERNING

THE DRUG PROBLEM
IN ALABAMA

ON

APRIL 27, 1989

Mr. Chairman and Members of the Subcommittee:

It is a pleasure to appear before you today in response to your letter of April 13, 1989, to discuss the drug problem in the State of Alabama from my prospective as the United States Attorney for the Middle District of Alabama. I bring you greetings from Attorney General Dick Thornburgh and from my in-state colleagues, The Honorable Frank Donaldson, the United States Attorney for the Northern District of Alabama and The Honorable Jeff Sessions, the United States Attorney for the Southern District of Alabama.

INTRODUCTION

The current population of the State of Alabama is approximately 4,195,581 persons. As you know, the State is divided into 67 counties and borders the panhandle of Florida, the western border of Georgia, the southern border of Tennessee, and the eastern border of Mississippi. We are blessed with three natural north/south water corridors, which include the Tennessee-Tombigbee River system, flowing from the hills of Tennessee down through North Alabama into Mobile Bay, the Alabama-Coosa River system flowing from the foothills of the Appalachian Mountains in Northern Georgia across Central Alabama down into Mobile Bay and the Chattahoochee River system which flows down the Alabama/ Georgia border. In addition, we have a number of outstanding interstate highways which include a leg of the Interstate 10 which crosses both Mobile and Baldwin Counties at the southern tip of the Southern District of Alabama. In addition, we have Interstate 65 which connects the Mobile port city with Montgomery, Birmingham, Huntsville and major cities in the North, and the Interstate 85 leg which begins in Montgomery and goes to Atlanta and on towards the east coast. We have an abundance of airfields, both active and inactive, and many of which were built in World War II as training sites for propeller driven aircraft. Many of these sites, as well as a number of the smaller airports in the rural areas, have facilities which are not manned and have no Flight Service Station available to monitor aircraft coming and going. As you can see from the map of the Judicial Districts in Alabama, my District, the Middle District, is directly north of the Florida panhandle and is, in effect, only two counties away from the Gulf of Mexico. I like to term this as an overflight area for incoming aircraft bearing illegal narcotics which choose to fly into or over southern Alabama. We are, in effect, in an area which appears to be a soft underbelly of the United States, well within aircraft range of Colombia, the Bahamas, Bermuda, and a number of other South American and Caribbean locations. As a point of reference, the Middle District of Alabama presently has a population of 986,424 people in 23 counties. The Southern District of Alabama has a population of 756,190 people in 13 counties; and the Northern District of Alabama has a population of 2,452,967 people in 31 counties.

I have chosen to limit my comments to four subtopics, which relate to the drug problem in the State of Alabama. I will first address the issue of the sources of drugs, particularly those coming from outside the State of Alabama. Secondly, I will discuss law enforcement cooperation, including Federal, State and local issues. Thirdly, I will discuss special geographic problems which are peculiar to the three Federal Judicial Districts in the State of Alabama. Lastly, I will discuss the problem of equitable sharing which is on everybody's mind associated with fighting the drug problems here in our State.

I would be remiss if I did not thank you from the bottom of our hearts for the cooperation and the foresight which you and your other colleagues in the Senate had in passing the Anti-Drug Abuse Act of 1988. I commend you for that leadership and for seeing that this drug problem not only required dramatic and immediate response, but presented a matter which will require continual review and constant updating of our efforts.

I. SOURCES OF DRUGS

Since I became the United States Attorney on June 1, 1987, I have been saying that the problem of drugs is the number one criminal problem in the Middle District of Alabama. Mr. Donaldson and Mr. Sessions have advised me that it is the number one problem in each of their Federal Judicial Districts. The problem manifests itself throughout Alabama in the form of drug abuse, addiction, drug-induced assaults and homicides, violent crimes against the person, crimes committed against property for the purpose of obtaining cash with which to purchase the drugs, and common knowledge. The fruits of illegal drug trafficking are being used as we speak to support criminals who are sufficiently organized, right here in Alabama, to perpetuate their illegal activities on an ever-increasing basis.

In the Middle District of Alabama, the use of aircraft continues to be the "method of choice" for introducing drugs in large quantities in the Middle District of Alabama. In July 1987, I set up a meeting with Governor Hunt, all three United States Attorneys, and the top Federal law enforcement officials concerning the issue of drugs. In the course of going around the table at our conference room at Maxwell Air Force Base we were informed by the Coast Guard that, essentially, no drug bearing illegal aircraft were flying into the State of Alabama. Less than 90 days later, on September 25, 1987, an aircraft carrying 1,320 pounds of cocaine crashed and burned in Marengo County, due west of Montgomery, killing both the pilot and another person on board. I might add, as the ground crew watched, because they were waiting to off-load the aircraft at the scene. Law enforcement agents who arrived later seized over 500 pounds of cocaine that was not burned in the fire. The pilot killed in that particular crash had flown several other loads into the same general vicinity. The September 25, 1987, crash illustrated that aircraft are flying into southern Alabama and continue to fly.

I am going to discuss the activities of the LeQuire drug organization in the Middle District of Alabama a bit later, but suffice it to say they had flown approximately 100 loads of drugs in and out of a three-state area including southern Alabama and the Middle District of Alabama. United States Attorney Jeff Sessions advises me that he believes the use of aircraft to fly in drugs continues to be a significant problem. He cites the fact that 30 plane loads of marijuana have been brought in by Jerry Moore, a subject who was under prosecution in his particular District. An individual by the name of Billy Williams was arrested with a boat load of marijuana and is also believed to have flown 25 plane loads into the United States into the southern Florida area. I might add that a week does not go by that I do not hear from a citizen somewhere in the middle part of my District who reports some type of aircraft activity involving drugs. I do not believe that these citizens of Alabama are seeing flying saucers.

In the Middle District of Alabama, the second primary method for moving large drug quantities, as well as all other sizes of quantities, is ground transportation. The Interstate 65 connection coming up from Mobile, the four-lane highway from Dothan to Montgomery, Interstate 65 connection coming down from Birmingham, and the Interstate 85 connection coming from the Atlanta, Georgia, area all are frequently used to transport drugs, which are then marketed in both the metropolitan centers of our District and in the smaller rural areas.

I have made it a policy in my District, that I will prosecute any drug case from any local or State law enforcement agency, where that particular transaction can be shown to be a very important part of the flow either into or out of the local community, even if the case does not not meet minimum guidelines as required by Federal drug agencies, including the DEA. Accordingly, the Montgomery Police Department Narcotics Unit, commanded by Captain Dennis Bodine, routinely makes drug arrests on the Interstate highway and in other locations in the Montgomery area which they bring to Federal Court for prosecution. The very experienced and outstanding law enforcement officers on the Montgomery Police Department in many of those cases serve as the case agent. Some of those cases are then co-worked by Federal agents in a later investigation that, perhaps, will expand and cross state lines. But where Federal agency guidelines do not permit that work on those cases, we will take the case directly from the State agency and prosecute it Federally, using our lawyers.

The Alabama Gulf Coast, which includes both Baldwin and Mobile Counties, saw a host of cases involving fishermen and shrimpers in the 1970's who were going directly to Colombia for loads of marijuana. Cases involved seizures of 15,000 to 30,000 pounds of marijuana and were not uncommon. The U. S. Coast Guard then commenced an aggressive patrolling tactic in the Yucatan Strait, which resulted in a substantial reduction, if not elimination, of these large-scale efforts to transport marijuana by boat. That method of transportation and importation would usually be made by a promoter outside of the coastal Alabama area, usually from southern Florida. The marijuana would be unloaded onto large trucks for trans-shipment throughout the United States; and the local fishermen, who were involved in the actual sea transportation, would be paid large sums of money merely for moving the marijuana.

Later, in the 1980's, there were instances in which "mother ships" would move into the Gulf of Mexico and then smaller shuttle type vessels would come out from the various ports on the Gulf Coast, rendezvous with the mother ship, off load quantities of marijuana, and return to their original ports. The Southern District of Alabama has observed several of these cases in the mid 1980's, but none in the more recent years.

At the current time, the Southern District of Alabama has one case involving 13,000 pounds of marijuana that was brought to Mobile after it had been unloaded in a sealed container in Charleston, South Carolina. Another container with 8,000 pounds of marijuana was also unloaded and transported from Charleston to New Jersey in that same operation. The arrest of Billy Williams, a long-time smuggler in Perdido Bay, Alabama, last year, led to the discovery that his 34 foot sailboat had a sealed compartment that was so well constructed that it could not be discovered until the vessel had been removed from the water. That vessel contained 6,000 pounds of marijuana and over 200 pounds of hashish oil. U. S. Attorney Sessions advises that this was the sixth load that that particular vessel had brought into the United States, and even though the particular boat had been searched on previous occasions by the Coast Guard, the secret compartment on the vessel had never been found. Mr. Sessions also cites a freighter which dumped some 500 pounds of cocaine in sealed drums into the Gulf of Mexico just before docking in Mobile. Again, that cocaine had been kept in hidden compartments to avoid Coast Guard searches.

It is obvious from the foregoing that drugs, and major quantities thereof, are coming into Alabama from virtually all four points of the compass. The evidence indicates that a considerable amount of imported drugs are destined for locations in other states, including being shipped via automobile or truck back to southern Florida.

II. LAW ENFORCEMENT COOPERATION

When I became an Assistant United States Attorney in Montgomery, Alabama, on February 13, 1978; I quickly became familiar with the Alabama Bureau of Investigation, a Division of the Department of Public Safety, and was most impressed with the fact that we had to use their services in virtually every drug case that was handled by Federal agencies. Today, we have one Drug Enforcement Agent with Title 21 authority domiciled in Montgomery. He covers a ten county area in the northern part of my District. The Drug Enforcement Administration continues to cover on a temporary duty basis cases falling in the other 13 southern counties. I might add that these Special Agents are top-notch and they do a superb job. In fact, Special Agent Bill Warner, the Resident Agent in Charge of the Mobile Office, which covers all of the Southern District of Alabama and my 13 southern counties, is one of the finest drug enforcement agents that you will ever meet. He is an Agent's Agent. He has numerous years of experience as a street-level detective in New Orleans, Louisiana, and with the Jefferson Parrish Sheriff's Office in Louisiana, and with DEA in the Miami area and in the panhandle of Florida.

We simply cannot survive in Federal drug law enforcement without the absolutely outstanding assistance of our State and our local law enforcement brothers and sisters. Out of 44 cases of a drug nature handled in my office since December 1987, only one case has been worked purely by Federal authorities, and that happened to be a small case at Maxwell Air Force Base, which was handled by the Security Police. Forty three out of 44 cases required the substantial assistance and in some cases the lead by local and State officers, including the Alabama Bureau of Investigation, the Alabama Beverage Control Board, the Montgomery

Police Department, the Dothan Police Department, the Andalusia Police Department, the Covington County Sheriff's Office, the Houston County Sheriff's Office, the Troy, Alabama, Police Department, and the Prattville, Alabama, Police Department. In addition to that factor, a significant number of those cases also had two or three different Federal agencies working different aspects of the cases. And those three agencies generally are the Drug Enforcement Administration, the United States Customs Service, and the FBI.

In our District, and throughout the State of Alabama, cooperation is absolutely essential for any case to be investigated and successfully prosecuted. For example, there have been to date in the Middle District of Alabama six successful prosecutions of members of the Jerry LeQuire organization, which began with the seizure of a Piper Navajo aircraft, Tail #N500YC, at the Montgomery Aviation fixed base operation at Dannelly Field, here in Montgomery County in 1983. Beginning in 1983, Omar Ashad Mahdi and William Willis, also known as William Benton Zeigler, were convicted with Mahdi receiving a sentence of 14 years and Willis receiving a sentence of 24 years in the Federal Penitentiary. In 1984, Jerry Allen LeQuire, William Cox, David Newcomb, and Ronald DeFranco were convicted; with LeQuire receiving a sentence of 27 years, Cox 10 years, David Newcomb who had cooperated and agreed to testify as a Government witness, 24 months. Ronald DeFranco, who was the first defendant to cooperate with the Government, received a probationary sentence in that particular trial.

In 1986, Lee Curry pled guilty and received a sentence of 10 years. In 1987, Harry Dale Zeigler was tried, convicted, and received a sentence of 10 years.

In 1988, Maurice Roundy and Michael Johnson were tried and convicted associated with that drug case. Roundy received a sentence of 14 years and Johnson received a sentence of 9 years.

In November and December of 1988, Jerry Allen LeQuire, James Thomas LeQuire, Charles Allen LeQuire, Robert LeQuire, Mike Jenkins, Harold Ward, and Bonnie Sue Anders were tried in a lengthy case and convicted of additional offenses arising from their drug transactions. Jerry Allen LeQuire received three concurrent 20 year sentences to be served consecutively to the 27 years that had previously been imposed and a half million dollar fine. Charles Allen LeQuire received a sentence of 14 years and a hundred thousand dollar fine. James Thomas LeQuire and Robert LeQuire each received 10 year sentences. Mike Jenkins received a 12 year sentence. Bonnie Sue Anders received a sentence of 12 years to be served at a Federal sentence concurrent with a sentence imposed in Kentucky of 14 years. Larry Allen LeQuire, who had cooperated and testified on behalf of the Government, received a six year sentence. Harold Ward is awaiting sentence. Umar Ashad Mahdi entered a guilty plea, testified on behalf of the Government, and received no additional time above the 14 year sentence that he had previously been given. Lee Curry entered a guilty plea and was sentenced to one year to run consecutive to the sentence that he had previously received. Brenda Champlin entered a guilty plea, cooperated, and testifed for the Government and is presently awaiting sentencing.

In yet another trial in March 1989, Michael Sweeton, Maurice Roundy and Jorge Gonzales, a Colombian, were tried and convicted. All three are presently awaiting sentencing. In the December trial alone, over 100 specially assigned personnel from the U. S. Marshals Service, the Drug Enforcement Administration, the Alabama Bureau of Investigation, and the Montgomery Police Department, were required to protect the Federal Courthouse, personnel operating in the Federal Courthouse, the prosecutors, witnesses, and to move the prisoners to and from overnight facilities to prevent escapes. This case involved murder, extreme amounts of money being paid to individuals to operate airports, the bombing of high tension electronic power transmission lines and towers in Georgia, that is the use of terrorists tactics, threats, an attempt to electronically eavesdrop on the Federal Grand Jury in Montgomery, and the purchase of escape assistance from a Jailer working for the Montgomery Police Department, who was indicted and arrested approximately two weeks ago in an additional Federal case.

This massive case resulted from outstanding investigation conducted jointly by State, local, and Federal investigative agencies. These agencies are the following. The Federal agencies involved included the Drug Enforcement Administration, the United States Customs Service, the Federal Bureau of Investigation, and the Bureau of Alcohol, Tobacco, and Firearms, a Department of Treasury Agency. The State and local agencies which directly participated and worked this case included the Alabama Bureau of Investigation Narcotics Unit, the Montgomery Police Department Narcotics/Intelligence Unit, Uniformed Alabama State Troopers, the Georgia Bureau of Investigation, the Tennessee Bureau of Investigation, the Florida Department of Law Enforcement, the Broward County Florida Sheriff's Office, the Screven County Georgia Sheriff's Office, and the State Police in Maine. In addition, the United State Marshals Service had a massive investment in time and manpower to see that the trials were conducted properly.

In the course of this case, the Department of Public Safety for the State of Alabama seized and is currently utilizing the Piper Navajo Panther aircraft, Tail #N500YC, which was valued at approximately $450,000. Another Piper Navajo Panther belonging to the organization was seized in 1983 in Portland, Maine, by the Drug Enforcement Administration.

This case involved the tip of the iceberg in an organization, which the evidence indicates had successfully imported some 68,000 pounds of cocaine into the continental United States. In addition the organization had imported approximately 2,000 pounds of marijuana, and at least 1,200 methaqualone tablets. In the 1982 and 1983 time period alone, the organization successfully transported approximately 100 loads of cocaine from Colombia in South America to airports in Florida, Georgia and Alabama, and particularly right here to Montgomery's Dannelly Field. The evidence further indicates that in a one-year period from July 1982 through August 1983, the organization developed profits in excess of 280 million dollars. We still haven't found that money.

This particular case also falls under what we call the Organized Crime Drug Task Force concept in the Department of Justice. As you know, each United States Attorney's Office has, thanks to your Anti-Drug Abuse Act of 1988, at least one lawyer assigned to do what we call OCDETF cases. My District, the Middle District, was one of the last to receive such an Attorney. As a matter of fact, as soon as I became United States Attorney in 1987 I recommended that one be assigned to the Middle District. We received that authorization in late December 1988, and Attorney Steve Reynolds is now a member of my staff. In the meantime, we have used the regular line Attorneys in the United States Attorney's Office as well as our First Assistant United States Attorney, Mr. D. Broward Segrest, who put together a number of the prosecutions and particularly the ones in the last two years. His co-counsel in the case was a loaned Attorney, Ms. Kathleen Hughes, who is presently serving in my office on a one year internship paid for by the Environmental Protection Agency. Needless to say, she received tremendous Courtroom experience in her prosecutive efforts. Collectively, they did an outstanding job in winning the convictions.

On any given date cases are being brought to the United States Attorney's Offices in all three of the Federal Districts in Alabama, which are being developed by State and local agents and either adopted or in some cases, as I previously said, directly brought for prosecution under the Federal laws.

My policy in the Middle District is very simple. I will not step on the toes of any State Attorney, that is District Attorney or the State Attorney General, when he or she wants to prosecute a drug case in their home county. But, when those cases go unprosecuted, and the local law enforcement or State law enforcement agencies want them prosecuted, we will go to the Federal Grand Jury.

One of my additional responsibilities as U. S. Attorney in Montgomery is to serve on the Governor's Advisory Counsel concerning the distribution of Federally funded grants to local and State law enforcement agencies. One of the great movements in the last four years has been the development of a cohesiveness between State and local and Federal agents and between State and local agents, and between local and other local agents. Presently, a number of multi-jurisdictional local task forces are in operation throughout Alabama, one of which is in the Wiregrass area. That organization is making a dent in the drug problem in that area by utilizing information across city and county lines and by utilizing investigators who are brought in, make the cases, and then leave and are not subject to exposure. Unfortunately, as the number of successful investigations develop, the number of cases pending in the local State courts has risen dramatically, and the State District Attorney in many cases cannot handle the prosecutions. In addition, the glut which will be entering into the State Prison System is another problem, in a system which has only recently been released from direct control by the Federal Courts for having been overcrowded. I might also add that the Organized Crime Drug Task Force prosecutions, as that concept applies in the Federal system, is essentially the same concept now being applied at the State and the local levels by these "mini" task forces.

In the last five years, we have seen the development of the Alabama Narcotics Officers Association, which was principally developed on the local agents' own initiative. They meet at least every six months, and recently had their convention here in Montgomery, and are dedicated to improving techniques and successes of their investigative forces. We in the United States Attorney's Offices have contributed the concept of the Law Enforcement Coordinating Committees. As you know, former Attorney General William French Smith developed this concept. Former Attorney General Edwin Meese gave it strong support and helped it grow, and Attorney General Dick Thornburgh has embraced and urged the LECC's to continue to expand that interface that has developed between law enforcement agencies. One of my chief priorities as United States Attorney has been a strong LECC, and we have that in our District. In light of the fact that drugs is one of the most, if not the most, significant problem anywhere, we continually hold training sessions and programs on relevant topics. For instance, a three-day conference on "crack cocaine" is scheduled to be held at the State Lodge on Lake Eufaula on the 17th through the 19th of May, and we expect to have several hundred local and State law enforcement officials in attendance. They will hear from DEA and other experts on various topics surrounding this problem, as well as some experts on the topic of demand-reduction.

In the course of my duties on Governor Hunt's Drug Advisory Council, I realized that many local small town Police Departments and some Sheriff's Departments had no experience even in the simplest area of conducting searches or writing a search warrant or even an affidavit for a search warrant. Accordingly, we developed through our LECC "mini conferences" which we have presented in various locations to give basic training to these local law enforcement officers on how to write a search warrant. We had fine cooperation from DEA, the FBI, and even from the United States Courts in conducting this training. We had no special budget for this, so the Department of Justice resources were used to reach a critical problem, that is at the very foundation of local law enforcement's ability to even begin to cope with the issue of drug usage and drug sales in their communities. Another project we undertook last year included conducting two one-week training sessions for the Alabama Beverage Control Board on the topic of "Drug and Narcotics Investigations." The State of Alabama did not have the training funds available and the resources simply weren't there to train these agents that were being re-deployed at the Governor's direction. Accordingly, using our LECC program, we combined resources from the Drug Enforcement Administration, U. S. Attorney's Office, the FBI, and the Alabama Bureau of Investigation to present a basic training week on two separate instances for approximately 110 State law enforcement agents, now working street-level narcotics and supervising those cases under the Alabama Beverage Control Board.

Thus, through this cooperation and working together we are truly becoming members of the same team.

I would be remiss if I did not mention that local and State law enforcement on its own has developed its own web of organizations, including the Tri-States Law Enforcement Association, which operates in the Southeast Alabama area and has members in Southwest Georgia and the panhandle of Florida. I commend that organization on its interests, particularly in the area of working with the drug cases; and I think that the fact that these Officers would combine on their own to share information is a key point to indicate that for once and for all we are beginning to amalgamate into a consolidated, anti-criminal force.

That cooperation has been equally illustrated by the cooperation that we have received in our Office from Governor Hunt and his staff as well as from State Attorney General Don Siegelman and his staff. Mr. Siegelman has attended our Law Enforcement Coordinating Committee meetings on different topics and has provided information to us at appropriate times. Governor Hunt has provided information, resources, and on at least one occasion changed his schedule and come to meet with law enforcement officers in one of our LECC meetings in Dothan.

Notwithstanding the many areas in which we could have conflicts, I submit that law enforcement cooperation today is at an all-time high in the State of Alabama, and that the trend for the future looks good! One of the reasons for this growing cooperation has been the wisdom of the United States Congress in providing legislation which resulted in the ability to forfeit the drug dealers' profits and direct a substantial portion of that tainted money directly into the hands of law enforcement to be immediately used in the battle against the drug dealers. With that in mind, I would like to turn to my next topic.

III. SPECIAL GEOGRAPHIC PROBLEMS

The U. S. Attorney for the Southern District has to face the problem of an attack by water on the beaches at Gulf Shores and into the harbor of Mobile from watercraft bringing drugs. He shares counties just north of landfall as do I in the Middle District. As a matter of fact, my southern counties, particularly Houston, Geneva, and Covington Counties are the immediate direct overflight area if one comes in by an aircraft over the panhandle of Florida and overshoots the two counties in Florida.

It is clear that the southern borders of the United States, particularly from the Gulf of Mexico, are wide open for business. This is a distinct geographical problem that must end, not only from the point of view of interdicting drug dealers coming into our counties, but from the point of view of dealing with potential terrorists or even national enemies who would attempt to bomb or destroy sovereign continental United States territory.

An additional problem which is geographic to our District is the need for additional resources to help small and local governmental agencies work the demand-reduction side of the issue. One of our Law Enforcement Coordinating Committee goals is to strengthen the push for demand-reduction. Attorney General Thornburgh has directed that we proceed in a manner with all due speed to enhance demand-reduction. We in the Middle District through our Law Enforcement Coordinating Committee see this as a particularly difficult problem for those local and smaller communities that do not have the financial resources to have good demand-reduction programs. One of the best techniques has been to provide role models to these small children, and generally these have come from the area of sports, entertainment, and in some instances governmental leaders. It costs money to transport these people and to provide their time to talk to our children and our future generations. It also costs money for us to provide written material, visual material, and constant reinforcement. It will require the assistance of the Congress of the United States to approve the funds requested in the President's 1990 Budget for use by the United States Attorneys and by Federal law enforcement agencies to enhance this program. I agree with Attorney General Thornburgh that demand-reduction is the key to our future success in fighting this war on drugs.

I would like to quote Attorney General Thornburgh from a recent speech which he made to the annual meeting of the Special Agents in Charge of the FBI and DEA. General Thornburgh said:

> If we are to continue to make a difference, we must continue to have help. To achieve what President Bush calls a "kinder, gentler nation" for all Americans, we will need public support to be rougher and tougher on some Americans -- those involved in drug trafficking and drug-related terrorism in our inner cities.

> But it's more than that. We need more recruits in the war against drugs. As I told a somewhat surprised audience last week: "If we want to lose the war on drugs, we can just leave it to law enforcement" . . .
>
> [a]ll Americans have to realize that this war must ultimately be won on the battlefield of values--the positive values of a drug-free lifestyle versus the despair and ruin of a drug-dependent lifestyle.
>
> And in our struggle for the soul of the next generation, we will prevail only when changes in values force drugs out of fashion.

IV. EQUITABLE SHARING

Before I became an Assistant United States Attorney in 1976 in Western Louisiana, I served as an Assistant Staff Judge Advocate at one of the big-numbered Air Force's belonging to the Strategic Air Command; that was 8th Air Force at Barksdale Air Force Base near Shreveport, Louisiana. During 1975 we generated a regulation that authorized the Base Commander to seize automobiles belonging to military members who had dope in those vehicles and to turn those vehicles over to Federal law enforcement officials for forfeiture proceedings. We actually implemented this regulation in 8th Air Force and only when our higher headquarters found out about it did they rescind the regulation and say this was not a method that would be appropriate in drug cases; and even if it was, there were no effective means for distributing these automobiles for law enforcement use. In summation, this was just a waste of everybody's time.

Nine years later, when Congress changed the law and provided for a really viable asset forfeiture program involving drug cases, the attitude on those Air Force bases began to change and in deed it changed at every echelon in law enforcement to which I have been exposed. Once the message began to get out to the State agencies, the local sheriffs and the local police departments, the interest began to dramatically grow in learning how to implement the forfeiture provisions of the Federal laws and in learning how to work with the Federal enforcement agencies as well as the United States Attorneys on appropriate cases. Indeed, one State law enforcement official recently told me that equitable sharing was the best thing to hit law enforcement since the old Law Enforcement Planning Agency which had truly made a significant impact on law enforcement in the State of Alabama in the early 1970's.

There are basically two types of equitable sharing as we now know it. One type involves a case where a local agency works arm-in-arm with the Federal agency and they team up to actually handle the drug investigation, the preparation for trial and the post-trial activities. In those cases, any properties that are seized that fall within the forfeiture laws are distributed on a percentage based upon the actual participation in the law enforcement functions by the respective agencies. A second, and perhaps more important type of sharing in a rural area such as we have here in Alabama, and particularly in the Middle District, is the equitable sharing where we use the adopted seizure aspects of the law. In simple terms, a local or a State agency does its own criminal investigation and may even prosecute that case through the local District Attorney's office. Where they make the seizure of property that would otherwise be forfeitable under Federal law, they then bring that to us, and by that I mean to the United States Department of Justice either for administrative processing by the Drug Enforcement Administration or the FBI, (the process is identical and simply represents two tracks for the same type of service) or to the United States Attorney for processing which requires actual judicial determination and appropriate court procedures. If either of those two administrative tracks are followed, the property owner has the right to post appropriate bonds and to ask that the case be then handled judicially and in effect may convert it into a law suit between the United States Attorney on behalf of the United States of America versus the property.

This method of adopting local seizures has led to a tremendous interface between local and State law enforcement agencies and their Federal counterparts. I have attached some recent data which illustrates how important this is in our state. From our District, the Middle District of Alabama, we have equitably shared disbursements during the last six months which have totaled $107,016.67. The vast majority of the amounts that were distributed are from adopted seizures brought to us from cases independently worked by these local and State law enforcement agencies. Our data shows that from November of 1987 through today's date, we have returned to local law enforcement, some in our District and some physically outside the Middle District, $312,129.76. And these amounts do not include the appraised value of certain pieces of property such as certain automobiles put into official government use by State and local law enforcement agencies through the Equitable Sharing Program. During the last two years in the Southern District of Alabama, local and State law enforcement agencies have shared $348,094.44 as a direct result of the Equitable Sharing Program. Again, this figure does not include the value of shared automobiles. I have attached some data showing cases which are in the pipeline in the Southern District, one case which totals approximately two million dollars alone. In another case which has received a lot of notoriety in the newspapers, the Southern Inn Motel in Camden, Alabama, was seized, forfeited and sold for $575,000. After the legitimate mortgages are satisfied, the net total expected recovery will be $210,000. In the Northern District of Alabama, U. S. Attorney Donaldson reports that from September 1988 through the current date, Federal law enforcement agencies have disbursed $349,595.40 to various local and State agencies. And if you track the data back three years, that is to January 8, 1986, the total is almost one million dollars.

This infusion of these cash resources has brought about a tremendous response by local and State law enforcement agencies. Their interest is up, their initiatives are up, their understanding of how to handle drug cases has improved dramatically, and most important, they feel that they are valid participants in the war on drugs.

The Anti-Drug Abuse Act of 1988, which was passed in October, has provided some tremendous improvements for our Federal efforts against drugs. However, buried in Section 6077 of Public Law 100-690 a modification was passed which amended Title 21, United States Code, Section 881(e), adding a new sub-section now numbered (3). That section reads very simply:

> (3) The Attorney General shall assure that any property transferred to a State or local law enforcement agency under paragraph (1)(A) (B) is not transferred to circumvent any requirement of State law that prohibits forfeiture or limits use or disposition of property forfeited to State or local agencies.

I have learned that this wording had been placed in the Bill in an effort to rectify what appeared to be a problem coming from the State of California.

The question of how this particular change in the law impacts Alabama can be quickly answered by reading Section 20-2-93(e) of the Code of Alabama (1975) which establishes the methods whereby property forfeited under Alabama State law may be used or transferred. Basically:

> (e) When property is forfeited under this chapter, the state, county or municipal law enforcement agency may:
>
> (1) Retain it for official use; except for lawful currency (money) of the United States of America which shall be disposed of in the same manner provided for the disposal of proceeds from a sale in subdivision (e)(2) of this section;
>
> (2) Sell that which is not required to be destroyed by law and which is not harmful to the public. The proceeds from the sale authorized by this subsection shall be used, first, for payment of all proper expenses of the proceedings for forfeiture and sale, including expenses of seizure, maintenance of or custody, advertising and court costs; and the remaining proceeds from such sale shall be awarded and distributed by the court to the municipal, and/or county, and/or state general fund, whose law enforcement agencies or departments are determined by the court to have been a participant in the investigation resulting in the seizure, and such award and distribution shall be made on the basis of the percentage as determined by the court, which the respective agency or department contributed to the police work resulting in the seizure.
>
> (3) Require the state, county or municipal law enforcement agency to take custody of the property and remove it for disposition in accordance with law.

In applying the above section, it appears that in those cases where we are dealing with adopted seizures that are federally processed as forfeitures, and that is the second type that I explained, the proceeds will not go directly to the law enforcement agency for use in the law enforcement function but rather to the general fund of the city, county or state agency.

The change as included in Section 6077 could greatly effect all future equitable sharing in Alabama. It appears that it could be interpreted to apply to any forfeiture wherein we seek to share with a State or local agency. The Federal sharing provisions which now allow the participating law enforcement agency to directly receive and use these funds are going to be overridden. Next year, if the local government or the State government agencies need the money for non-law enforcement purposes, they could withhold these funds from law enforcement. Therefore, a transfer under the Federal provisions directly to the law enforcement agency could be construed as circumventing a requirement of Alabama State law that limits use or disposition of property forfeited to the General Fund of the municipal, county or state agencies and therefore would be forbidden under the change as enunciated in Section 6077.

While all possible ramifications of this change cannot be foreseen, and indeed, there are many questions about its effect, it is obvious that the need for money at the local and State level could distort the functioning of the statute. This might adversely affect current procedures where there are significant benefits which encourage cooperation by State and local law enforcement.

The war against illegal drugs calls for the utmost effort and complete cooperation from everyone in law enforcement. In the Middle District of Alabama and in the entire state, we have made tremendous strides in achieving these goals. Now is the time to redouble our efforts and to go forward to even greater cooperation.

The Anti-Drug Abuse Act of 1988 is a tremendous piece of legislation. Every United States Senator and Representative who supported it deserves a tremendous thanks from every citizen in the State of Alabama. In addition, you deserve our respect for assisting us directly in this fight against a death-dealing industry. The drug trade is the enemy, Senator, and we have to use every means to stimulate our anti-drug programs.

It is clear that we all need to carefully assess the effect of Section 6077 and the sooner, the better.

Thank you.

U.S. Department of Justice

United States Attorney
Middle District of Alabama

306 United States Courthouse
Lock Drawer 197
Montgomery, Alabama 36101-0197

April 19, 1989

MIDDLE DISTRICT OF ALABAMA

Equitable Sharing Disbursements

11/2/88 - 4/19/89

Dale County Sheriff's Dept.	$ 10,120.50
Dothan Police Dept.	933.86
Enterprise Police Dept.	15,551.10
Ala. Dept. of Forensic Science	720.00
Coffee County Sheriff	720.00
Montgomery Police Dept.	13,552.20
Autauga County Sheriff	2,622.01
Alabama Dept. of Public Safety	56,984.16
Prattville Police Dept.	5,015.13
District Attorney, 19th Jud. Circuit	797.71
	$107,016.67

NOTE: These amounts do not include the appraised value of property (e.g., automobiles put into official use) awarded to certain state and local law enforcement agencies through equitable sharing.

MIDDLE DISTRICT OF ALABAMA

Equitable Sharing Disbursements

11/4/87 - 4/19/89

Dothan Police Dept.	$ 32,639.43
Enterprise Police Dept.	15,551.10
Ala. Dept. of Forensic Science	720.00
Coffee County Sheriff	720.00
Montgomery Police Dept.	17,302.20
Autauga County Sheriff	9,543.49
Alabama Dept. of Public Safety	149,535.16
Prattville Police Dept.	32,405.10
District Attorney, 19th Jud. Circuit	6,719.19
Ft. Lauderdale Police Dept.	2,811.50
Dale County Sheriff's Dept.	14,337.75
Troy Police Dept.	18,274.75
Mobile County Sheriff	5,500.00
Carlsbad New Mexico Police	2,000.00
Millbrook Police Dept.	5,070.09
	$312,129.76

NOTE: These amounts do not include the appraised value of property (e.g., automobiles put into official use) awarded to certain state and local law enforcement agencies through equitable sharing.

FORFEITURES IN PROCESS

MIDDLE DISTRICT OF ALABAMA

The following forfeiture cases are in process in the Middle District of Alabama. Judgment has either been obtained or is probable. Substantial sharing with state and local officials is anticipated.

1. RONALD and BARBARA BROOKS Total: $235,000
   (1989)

   This cash was seized in the Brooks' home during execution of a search warrant.

2. TOMMY LeQUIRE Total: $180,000
   (1988-1989)

   Real and personal property seized from LeQuire drug operation. Includes five parcels of real property, a houseboat, a truck, and a trailer with a generator.

3. TOMMY LEE and JIMMY GLEN AVERHART Total: $67,000
   (1988-1989)

   This cash was seized during a search of a car for drugs.

Northern District of Alabama

Equitable Sharing Disbursements
01/08/86 - 04/12/89

Madison Co. S.D.	$ 93,787.50
Sylvania P.D.	16,710.76
Dekalb Co. S.D.	16,710.76
Dekalb Co. D.A.	16,710.76
Cullman Co. S.D.	26,815.12
Scottsboro P.D.	21,960.00
Franklin Co. S.D.	11,555.64
Alabama Dept. Public Safety	51,041.72
Birmingham P.D.	155,767.02
Huntsville P.D.	119,903.17
Anniston P.D.	13,428.74
Pearl River, MS, S.D.	7,512.00
Talladega Co. S.D.	15,649.33
St. Clair Co. D.A.	10,303.59
Shelby Co. S.D.	88,716.25
Pelham P.D.	9,686.70
Decatur P.D.	21,904.44
Alabama Dept. of Forensics	37,659.23
Winston Co. S.D.	13,680.00
Florence P.D.	24,404.14
Greene Co. S.D.	451.00
Eutaw P.D.	451.00
Gadsden P.D.	8,668.41
Jefferson Co. S.D.	146,224.49
West Alabama Narcotics	17,173.80
Cherokee Co. D.A.	1,085.28
Cherokee Co. S.D.	1,085.28
Alabama Attorney General	16,549.92
Fairfield P.D.	7,681.30
Hoover P.D.	7,281.06
ABI	6,295.27
Vestavia P.D.	3,959.10
Bessemer P.D.	4,177.35
Jackson Co. S.D.	2,886.30
Total	$997,886.43

NOTE: These amounts do not include the appraised value of property (e.g., automobiles put into official use) awarded to certain state and local law enforcement agencies through equitable sharing.

U.S. Department of Justice

United States Attorney
Northern District of Alabama

200 Federal Courthouse
Birmingham, Alabama 35203

205/731-1785
FTS/229-1785

April 10, 1989

Northern District of Alabama

Equitable Sharing Disbursements
09/27/88 - 04/12/89

Gadsden P.D.	$ 7,712.61
West Alabama Narcotics	15,672.60
Decatur P.D.	9,317.70
Alabama Dept. Public Safety	4,341.13
Cherokee Co. D.A.	1,085.28
Cherokee Co. S.D.	1,085.28
Jefferson Co. S.D.	128,213.84
Birmingham P.D.	115,386.56
Alabama Attorney General	16,549.92
Fairfield P.D.	7,681.30
Hoover P.D.	7,281.06
Alabama Dept. of Forensics	2,457.50
ABI	10,803.37
Huntsville P.D.	3,240.00
Vestavia P.D.	3,959.10
Madison Co. S.D.	7,744.50
Bessemer P.D.	4,177.35
Jackson Co. S.D.	2,886.30
Total	$349,595.40

NOTE: These amounts do not include the appraised value of property (e.g., automobiles put into official use) awarded to certain state and local law enforcement agencies through equitable sharing.

FORFEITURES IN PROCESS

SOUTHERN DISTRICT OF ALABAMA

1. BILLY WILLIAMS Total: $2,000,000
(1988-1989)

The assets seized in this case include $585,000 in cash, three waterfront residences valued at $485,000, four vehicles, and eleven boats valued at $580,000 plus other items.

2. LEAZAR Total: $543,000
(1988)

This includes $293,000 in cash and $250,000 in gold coins which have been sold.

3. JOE PRITCHETT Total: $500,000
(1988)

The assets seized include an expensive waterfront home, several vehicles and two expensive wreckers that were purchased with drug monies.

4. MERCURIO CASE Total: $310,000
(1988)

This includes $89,000 in cash and three houses.

5. SOUTHERN INN MOTEL Total Expected Recovery:
Camden, Alabama $210,000

This motel has been sold for $575,000. After legitimate mortgages are paid over $200,000 remains. Of this sum $100,000 is uncontested and another $100,000 is now in litigation. The United States Marshal Service ran the hotel at a profit for nine months before it was sold.

6. SAM SCALLIO Total: $280,000
(1987)

This bay front home was sold after forfeiture for $306,000.

The Chairman. Thank you, sir. We appreciate your testimony.

We have Mr. Charles Swindall, who is the Division Chief of the Law Enforcement Planning and Highway Safety which deals with, as I understand, the Federal grants that come in. You develop a plan and a procedure out of which many local law enforcement units are funded. So you occupy a very important position in this overall war on drugs, particularly relative to the State and the local elements of government as to the use Federal funds.

So we are delighted to hear from you now.

STATEMENT OF CHARLES SWINDALL

Mr. Swindall. Thank you, Senator, for having me here, and thank you for the efforts that you have given us on behalf of our fight against drugs.

I speak as a law enforcement officer with 35 years of experience, 33 of those being with the Montgomery Police Department, 10 years as Chief of Police.

In February of 1987, I had the distinct pleasure of joining Governor Hunt's war on drugs as Division Chief of Law Enforcement Planning and Highway Safety. Shortly after taking office in 1987, Governor Hunt cranked up his war on drugs. He issued two executive orders, placing enforcement personnel from the Alabama Alcohol and Beverage Control Board and the Department of Conservation and Natural Resources on the front line of drug enforcement. Governor Hunt then established an Executive Drug Advisory Board and named Col. Tom Wells here as the chairman. He is the director of Public Safety.

Governor Hunt then named Law Enforcement Planning as the agency to work with the $2.9 million Federal dollars to fight drugs in Alabama. He also appointed a 14-member statewide Drug Advisory Board within our Law Enforcement Planning Office. Governor Hunt gave this 14-member board a mandate, to define the drug problem in Alabama and make recommendations to him through his Executive Drug Advisory Board as to how these Federal funds could be best spent to make Alabama drug free.

The Law Enforcement Drug Advisory Board held hearings throughout Alabama, and received input from Federal, county, city law enforcement personnel and the general public. All interested law enforcement agencies were asked to submit applications either as a single agency or as a multiagency task force.

After careful consideration of all applications by this Board, three State agencies and 10 multiagency task forces were recommended to Governor Hunt for funding, and they were. The multiagency task forces and the State agencies have proven to be successful beyond all our expectations. The multiagency concept has also been successful in fostering cooperation between our agencies. It has opened up many, many channels of communications between all facets of law enforcement, corrections, treatment and education.

The latest figures, as of March of this year, reflects the following task force activities: $20 million in illegal drugs confiscated, which includes 400 hits of crack, 17 kilos of cocaine, 600 pounds of marijuana, and a multitude of assorted pills. 645 people were arrested.

$2.25 million in cash are in various stages of confiscation. One hundred vehicles, 30 acres of land, two aircraft have also been seized.

It is the general feeling among law enforcement that we now have a unified effort with the use of these funds, both statewide and nationally in combating illegal drugs and its accompanying crime problems. And with the continued infusion of these Federal funds, and the local and State financial commitments, coupled with the passing of stronger State laws, we can and we will drive the dope dealers from Alabama and our Nation. And we will realize a drug free nation.

Again, I would like to thank Senator Heflin for his support in Congress in making these Federal funds available, and we sincerely hope the funds will continue in the future, and let us not stop the war while we have the enemy on the run.

While I have pointed out the great strides that law enforcement has made in our war on drugs, I feel that I must also point out a tragic problem that now exists in our judicial process, and it seems to be getting worse.

This problem is the unequal treatment being given criminals over victims by our State and Federal supreme courts and courts of appeals. And we appeal to you, because of your past association as chief justice of this very State. The very institutions that are charged with weighing the rights of the innocent versus the rights of the criminal have gone so far overboard in their zeal to ensure that the criminal is protected that the victim is all but forgotten.

Delays in trials, unlimited appeals through both the State and Federal system has so bogged down our system of criminal justice that it has taken on the air of a three-ring circus. Police officers are retiring, witnesses are dying before defendants are ever convicted or sent to the penitentiary.

When a clerk in a convenience store is killed in cold blood by a drug crazed criminal, and it takes 12 to 15 years through legal technicalities, loopholes, legal maneuvering, retrials, new trials to just confirm the sentence, there is something wrong with our system. The families of the victims are throwing their hands up in despair. There must be a turnaround from this tragic situation before our criminal justice system loses any more of its credibility.

It is indeed a strange situation when our courts let the criminal run roughshod over the everyday law abiding system who only wants to be treated at least equally to the criminal.

We thank you again. We think we are doing a great job with drug enforcement in Alabama and the Nation, and I speak from my conversations every day with other law enforcement agencies throughout the United States. And with these funds that Congress and yourself are making available to us,, we will win that war on drugs with this unified effort, if we can get the pipeline unclogged, and it seems to be clogged in our own court system that is designed to take care of innocent people. And I hope you look at that, being on the Judiciary Committee.

There was a man that sat in one of our Alabama courts and said I killed this man and you do not have the nerve to execute me. Fifteen years later, we got the nerve, and we took care of him. Fifteen years, and we finally got the nerve. But our supreme court turned it around and then another court of appeals in Atlanta overruled the supreme court and gave another delay. It is one delay after another that is causing all the systems to clog to the point that I do not know that it can open up the pipe long enough to get these people through it and get them into the penitentiary where they rightfully belong.

Thank you, sir.

[The statement of Mr. Swindall follows:]

STATEMENT OF CHARLES SWINDALL

ALABAMA'S WAR ON DRUGS

In February of 1987, I had the distinct pleasure of joining Governor Guy Hunt's war on drugs as Division Chief for Law Enforcement Planning and Highway Safety, a division of the Alabama Department of Economic and Community Affairs.

Shortly after taking office in 1987, Governor Hunt cranked up his war on drugs in Alabama by issuing two executive orders, placing enforcement personnel from both the Alabama Alcoholic Beverage Control Board and the Department of Conservation and Natural Resources on the front line of drug enforcement.

Governor Hunt then established his Executive Drug Advisory Board and named Col. Tom Wells, Director of Public Safety, as Chairman. Governor Hunt then named Law Enforcement Planning as the department to administer the Governor's 2.9 million dollars in federal funds to fight illegal drugs in Alabama. He also appointed a fourteen member state-wide drug advisory board within the Law Enforcement Planning office.

Governor Hunt gave this fourteen member board a mandate to define the drug problem in Alabama and make recommendations to him through his Executive Drug Advisory Board as to how these federal funds could best be spent to make Alabama drug free.

The Law Enforcement Drug Advisory Board held hearings throughout Alabama and received input from federal, county, and city law enforcement personnel,and the general public. All interested agencies were asked to submit applications as single agencies or as multi-agency task forces. After careful consideration of all applications, three state agencies and ten multi-agency task forces were recommended to Governor Hunt for funding.

The multi-agency task forces and the state agencies have proven to be successful beyond all expectations. The multi-agency concept has also been successful in fostering cooperation between agencies and has opened up many, many channels of communications between all facets of law enforcement, corrections, treatment and education.

The latest figures as of March 8, 1989, reflects the following task-force activities; 20 million dollars in illegal drugs confiscated; which include 400 hits of crack, 17 kilos of cocaine, 600 pounds of marijuana and 2500 assorted pills. Six hundred forty-five people have been arrested and 2.25 million in cash is in various stages of confiscation. One hundred vehicles, 30 acres of land and 2 aircraft have also been seized.

It is the general feeling among law enforcement that we now have a unified effort, both statewide and nationally in combating illegal drugs and its accompanying crime problems and with the continued infusion of federal, state and local financial committments, coupled with the passing of stronger state laws, we can and will drive the dope peddlers from society and really realize a drug free state.

I would like to thank Senator Heflin for his support in Congress in making these federal funds available and we sincerely hope that these funds will continue in the future and lets not stop the war while we have the enemy on the run.

While I have pointed out the great strides that law enforcement has made in our war on drugs, I feel that I must also point out a tragic problem that now exists in our judicial process and seems to be getting worse. This problem is the unequal treatment being given criminals over victims by our state and federal supreme courts and courts of appeals. The very institutions that are charged with weighing the rights of the innocent versus the rights of the criminal have gone so far overboard in their zeal to insure that the criminal is protected that the victim is all but forgotten.

Delays in trials, unlimited appeals through both the state and the federal systems has so bogged down our system of criminal justice that it has taken on the air of a three-ring circus.

When a clerk in a convenience store is killed in cold blood by a drug crazed criminal and it takes twelve to fifteen years through legal technicalities, legal maneuvering, retrials, new trials to confirm the sentence, there is something wrong with our system. The families of the victims are throwing their hands up in despair. There must be a turn around from this tragic situation before our criminal justice system loses anymore of its credibility.

It is indeed a strange situation when our courts let the criminal run rough shod over the everyday law abiding citizen who only wants to be treated at least equally to the criminal.

Senator HEFLIN. Thank you, Chief,

We are delighted to have Mr. Thomas Wells, director of the Department of Public Safety, and former Secret Service agent who served in the Federal Government admirably for a good number of years.

Mr. Wells, we are delighted to see you again.

STATEMENT OF THOMAS H. WELLS

Mr. WELLS. Thank you, Senator.

Mr. Chairman and members of your committee staff, as director of the Alabama Department of Public Safety and chairman of the Governor's Drug Policy Board, I wish to thank you for the opportunity to address this field hearing of the Subcommittee on Courts and Administrative Practice.

I recognize the committee's stringent time limitations, and I will be brief and to the point in addressing a law enforcement perspective of the drug problem in summarizing my written statement that I have submitted.

I want to also introduce Captain M. L. Jemison, who is the Commander of our Drug Unit in the Alabama Bureau of Investigation. And I have included his remarks in mine in an attempt to both save time and also to allow me sufficient time with my slow delivery of speech to cover all the points.

I will try to very briefly touch on four or five main items that I listed in my prepared statement that I submitted. One, the geographic and rural setting of the State that we find ourselves attacking the drug problem in; the cooperation between the agencies, the State law enforcement effort which includes not only interdiction in the ports or the borders of the State, but also on our highways; the problems that we see coming down the road with the title 21 amendment. And also I would like to touch briefly on the drug free workplace and its relationship to law enforcement and our attack on this problem overall.

I want to preface my remarks with a brief note, as I said earlier, about the attraction that Alabama holds for drug traffickers and smugglers.

Our State is particularly well suited for illicit drug activities and will remain so in spite of the developing trend of another major geographic port of entry for cocaine in the southwestern part of the United States.

Alabama is largely rural and heavily wooded. It has hundreds of airstrips, most of which are virtually unattended at night, and an extensive inland and coastal waterway system that includes the Tenn-Tom Waterway, along with some other lesser tributaries.

Alabama is unavoidably a part of the East-West and Southeast-Midwest highway transit route, both in the South and as a part of the national nationwide distribution chain of illicit drugs from other ports of entry into the country.

Our geography and position make our location irresistible to drug traffickers and smugglers. In addition, and the problem was very well covered by U.S. Attorney Wilson, the one that we see is this State's being used as a port of entry, not so much for the drug demand that is in this State, but where the drugs enter this State and then they are transported to other parts of the country where they enter into the wholesale distribution network for redistribution throughout the Nation.

Back into the confines of our State, we see the drug problem in rural areas but it is not so widely documented and publicized as that in the urban areas. But it exists all the same. And combating drugs is especially challenging in the rural areas of Alabama, because the resources are not always in place or they may be ill-equipped to deal with the problem in terms of personnel, funding and equipment.

We are attempting to mitigate some of the problems associated with rural drug enforcement through the formation of regional multiagency task forces throughout the State, and the coordination of our available resources. Both of these items were touched on by both U.S. Attorney Wilson and Chief Swindall earlier.

Indeed, one major element of success in drug enforcement work that we are benefiting from in Alabama is coordination, cooperation, and consultation among the appropriate law enforcement agencies at all levels. This includes municipal, county, State and Federal law enforcement agencies that are responsible for drug investigations.

Our State drug fighting resources are allocated in a coordinated manner such that enforcement at the street level and also at the trafficking level is addressed. The Department of Public Safety is designated as the lead State agency in all trafficking and interdiction investigations on air, sea and land.

We are tightly involved in a coordinated effort with the Alcohol Beverage Control Board, which provides assistance to small departments throughout the State as well as initiation of investigations at the street level with particular emphasis given to small municipal and rural areas. And the Marine Police Division of the Conservation and Natural Resources Department concentrates on our marine and inland waterway trafficking and interdiction problems. Each of these agencies works in concert with each other and through specifically assigned liaison agents within their own agencies and with the Department of Public Safety, and also with appropriate local and Federal agencies, to ensure the coordination of efforts and utilize all of our available resources.

I might add that one of the most valuable coordinated and cooperative efforts that we have in this respect is with Mr. Warner of the DEA's office, and also with Customs in that we have agents within our organization and also within the Marine Police Division who are commissioned and are able to function as Federal agents in the areas where it is more proper to be enforcing Federal law because of the situation at the time of the investigation, rather than to delay any type of actual arrest or seizure efforts because the proper jurisdiction area is not there.

The utilization of State agents in a very select manner with the Federal cover has been very productive and is an extremely valuable resource.

An example of the good to be gained from coordination of resources is the virtually unparalleled success of the domestic marijuana eradication program in Alabama. This program, which is sponsored nationwide by the Drug Enforcement Administration, and in this State is coordinated and facilitated by the Department of Public Safety, is a model of cooperative efforts in that more than 100 different law enforcement entities from all jurisdictional levels, in addition to nonenforcement governmental and private participants, contribute to the continuing success of this program. And our success in destroying Alabama's home-grown marijuana has been phenomenal.

The program consistently is ranked among the top 10 programs nationwide and, last year alone, we destroyed over 187,000 marijuana plants valued at approximately $150 million.

What we see as a result of this is that we also then become a marketplace for marijuana that is shipped in. Primarily at this time, we believe the majority of it comes from the Mexican border areas.

However, we are facing a significant and potentially devastating threat to the continued coordinated Drug Enforcement work, I believe, in the form of the amendment to title 21, U.S. Code, section 881(e), that is scheduled to become effective October 1.

This amendment disallows Federal sharing of federally forfeited property for State or local agencies when such sharing would circumvent State law prohibiting the forfeiture or limiting its use.

In addition to inhibiting Federal adoption cases and discouraging cooperative Drug Enforcement work, the amendment will reduce the material and judicial resources available to fight drugs.

One of the most serious spinoffs of the loss of Federal prosecution in these proposed title 21 cases would be the elimination of timely and meaningful prosecution of drug cases. And a mainly rural State, such as Alabama, does not have the financial resources to expand the prosecutorial offices of the various district attorneys to accommodate the flood of drug cases being made by enforcement agencies on all jurisdictional levels.

The loss or possible prohibition of Federal Court and U.S. attorney resources that will result from the controversial title 21 amendment, I believe, is irresponsible and must be corrected. It is imperative that Congress act without delay, and I have contacted all of our Alabama Senators and Congressmen in Washington to urge such action. If that is not possible before August, we are requesting that you do all that is within your power to instigate an immediate moratorium until the situation can be remedied.

I move on to another major area that I want to address, and I also covered in my written statement. It is the interdiction of illegal drugs on the Nation's highways before the drugs enter the street distribution chain or the retail market. Interdiction before the drugs reach the retail level significantly reduces societal costs of the drug problem. And we know that the majority of drugs are transported by motor vehicles as they move through the wholesale and trafficking retail cycle.

Common sense dictates that considerable emphasis should and must be directed to our State and national highway system. Our Department of Public Safety is working interdiction on the roadways in Alabama with initial success as a part of our Felony Awareness Patrol that we have instituted. But more resources, specifically Federal aid and encouragement, are needed here and elsewhere.

Each year, and I think this is very significant, each year Federal funds are available on a continuing basis to State Police and Highway Patrols in the United States for speed limit and DUI enforcement activities, and for other law enforcement programs. But with the exception of specific program grants, such as the purchase of drug detection dogs or things of that nature, there are no Federal funds to address this enforcement concept and similar programs in other States. And with the shrinking resources that we have in our State, both financially and in the numbers of troopers that we have on the road, we cannot continue to function without overtime moneys. And we do not have these overtime moneys except in limited areas such as speed enforcement and DUI enforcement.

I am not saying that those programs need to be replaced or reduced because they are very critical. But I am saying that highway interdiction is also a very large part of the drug enforcement efforts.

Encouragement of State Highway Patrol programs aimed at drug interdiction on highways, particularly in key transit States like Alabama, and monetary support of these programs should be a Federal Drug Enforcement priority. In Alabama and throughout the United States, there is no greater, more immediate threat to public safety than that of the drug problem. From violent crime to domestic abuse to political corruption, from deaths on the road to injuries on the job, drugs are there, they are involved, and they are very much to blame.

It is somehow more comfortable to all of us on all levels to associate the drug problem with junkies, street dealers, traffickers and smugglers, but drug abuse does not begin and end with violent criminal acts. Its reverberations are felt far beyond the confines of the criminal element. And the millions, the millions of so-called "recreational users" that supply the bulk of the demand for illegal drugs are as much a part of the problem as the street junkies. Their hands, these recreational users, are as stained with the pervasive violence and crime of the illegal drug trade as anyone else. They cause accidents, injuries and fatalities on our roadways, increase deaths and disabling injuries among our industrial complex, and cause decreased productivity and significant economic loss in our country.

We know that drugs are a major cause of infant fatalities and a contributory factor to a large number of child abuse and neglect cases. Add to that the latest drug-related devastation, the association of drugs and AIDS, and the spread of AIDS because of drug abusers.

I get back to the millions of casual, recreational and nondescript drug abusers throughout the United States that must be the target of the nationwide drug-free workplace effort. While our law enforcement personnel fight this battle on many fronts and levels, and our educators strive to raise a generation of drug-free citizens from "K" through "12," the demand levels must be reduced through a massive effort to produce a drug-free workplace environment. This effort that I for several months, and really over a year, have been referring to as a bridge, must be built. The effort that is necessary to bridge the drug enforcement activities that are destined to hold the fort until demand reduction occurs through the education of an entire generation of youth must go forward.

The bridge, as I refer to it, is one that we see problems with because of some of the attention that is being given to the selective required drug testing in various key occupational areas in our country, and we believe that this is an area that you and your expertise may lend some help and credit to on the national front.

Without this bridge being built between enforcement and education, we are facing a minimum of 10 to 12 years, I believe, before we can hope to see a significantly reduced demand. But with a nationwide drug-free workplace environment, we could possibly see significant demand reduction in a relatively short period of time as opposed to 12 years.

Another area that I think is significant, although we do not have the current year or even last year's figure on the total amount that has been spent by Federal, State, and local antidrug law enforcement efforts, we believe that a good estimate to match the $110 billion industry that we know drugs to be today is probably less than $10 billion in Federal, State and local enforcement expenditures combined. And I would submit to you that if we were merchandising the drug industry, 10 billion versus 110 billion would not be such a bad ratio.

But what we are doing is trying to combat the illegal drug industry with resources that are simply not adequate on any jurisdictional or governmental level.

What I have presented to you at this point is a set of unique challenges that we believe the drug problem presents to our society as a whole in addition to law enforcement, and to the law enforcement community in this and other States that we see chronically short of personnel, equipment and money. As such, our department, along with the other law enforcement personnel in this State, we believe, have accepted a challenge, and we continue to mold our response to enforcement and education to try to fit and manage the challenging face of those problems.

I thank you for the time to be with you today.

[The statement of Mr. Wells follows:]

Alabama Department of Public Safety
Statement of Colonel Thomas H. Wells,
Department Director
Senate Judiciary Committee Subcommittee
on Courts and Administrative Practice Drug Hearing
April 27, 1989

Distinguished members of the Senate Judiciary Committee, ladies and gentlemen ... As director of the Alabama Department of Public Safety and chairman of the Governor's Drug Policy Board, I thank you for the opportunity to address this field hearing of the Subcommittee on Courts and Administrative Practice. I recognize the importance of bringing together all elements -- rehabilitation, prevention, education and law enforcement -- of an integrated approach to solving the drug problem. But the perspective I present today is that of law enforcement, and it is this view that I intend to share with you during the next few minutes.

With the exception of home-grown marijuana, almost all illegal drugs in the state of Alabama originate elsewhere. In addition to those drugs intended for sale in Alabama, massive untold quantities of drugs destined for retail and wholesale distribution in other states move into and through Alabama on the highway system, on extensive inland and coastal waterways, and by air. Geographically, Alabama is extremely well suited for illicit drug activities and will remain so in spite of the developing trend of another major geographic port of entry for cocaine in the southwestern United States. Alabama is unavoidably a part of the east-west and

Southeast-Midwest highway transit route in the South. Heavily wooded and predominantly rural, the state has thousands of miles of coastal and inland waterways, including the Tenn-Tom Waterway, and hundreds of rural airstrips virtually unattended at night.

A U.S. Customs Survey on police costs, in which the Alabama Department of Public Safety participated, identified the following for 1986, the year studied:

✓ Federal, state and local anti-drug law enforcement expenditures totaled $6.2 billion;

✓ State and local anti-drug law enforcement expenditures were $4.9 billion, and 18.2 percent of total state and local law enforcement budgets;

✓ A high concentration -- $450 million -- of the state and local effort was directed at anti-drug activities in Florida;

✓ Chiefs of police, sheriffs, and state police administrators perceive a strong link between drug use and/or drug distribution and other crimes, such as murder, robbery and theft.

The analysis, which was intended to help states and other entities determine the costs and benefits of drug enforcement activities, revealed that every dollar spent on interdiction resulted in $7.05 worth of cocaine and marijuana seizures; while every dollar spent on anti-drug investigation work -- street investigations -- yielded $3.37 worth of cocaine and marijuana seizures. Although enforcement at the interdiction level is more cost-effective, enforcement efforts must continue to be targeted at both the street level and at trafficking and interdiction. In Alabama, state drug-fighting resources are allocated in a coordinated manner such that enforcement at the street level and at the trafficking level is addressed. The Department of Public Safety is designated the lead state agency in all trafficking and interdiction investigations on air, sea and land; the Alcohol Beverage Control Board initiates investigations at the street level, with particular emphasis given to small municipal and rural areas; and the Marine Police Division of the Conservation and Natural Resources Department concentrates on marine and inland waterway trafficking and interdiction. Each of these agencies works in concert with each other and with appropriate local and federal agencies to ensure coordination of efforts and to utilize all available resources.

Additionally, the Department of Public Safety is the coordinator and facilitator of the statewide Domestic Marijuana Eradication Program. This program consistently is ranked among the top 10 programs nationwide, in 1988 alone destroying 187,000 home-grown marijuana plants valued at $150 million. This program is a model of cooperative efforts in that more than 100 different law enforcement entities from all jurisdictional levels, in addition to other non-enforcement government and private participants, contribute to the continuing success of this program.

Complementing findings of the Customs survey previously cited is this, and I quote: "There are profound differences in the societal costs of drugs which enter the nation versus those which are stopped at or before the borders. Drugs which are stopped before they enter the country do not generate the social and health-related pathological costs associated with drug distribution and use. Once drugs are within the nation's borders, they contribute to these social and economic pathologies, while removal before entering the country might result in reduced social costs."

Of similar benefit in reducing all social costs (i.e., enforcement, incarceration, treatment, etc.), is interdiction of illegal drugs as they enter the state on our major highways and before they reach the street distribution chain. Alabama is concentrating on this as part of Public Safety's Felony Awareness Patrol, a program that engages specially trained state troopers -- sometimes in conjunction with drug detection dogs -- in the interdiction of felonious activity on highways. We initiated this program last year to increase highway safety, make better use of existing personnel through cross-training, and in response to the increasing use of roadways by drug traffickers in transporting illegal drugs for retail sale. Approximately 25 percent of troopers assigned to the Highway Patrol Division work the Felony Awareness Patrol, and initial results are encouraging. Officers have confiscated more than $700,000 in drugs, apprehended fugitives, recovered stolen vehicles and confiscated illegal weapons. This is merely a beginning, and we are very much aware that the bulk of illegal drugs in transit through Alabama passes through undetected.

The Felony Awareness Patrol is a viable means of detecting illegal drug movement and confiscating such drugs before they reach the street level. If almost all drugs are transported by motor vehicles as they move through the wholesale and trafficking cycle, then common sense dictates that considerable emphasis should and must be directed to our state and national systems of highways. This program is hampered, however, by a lack of personnel, money and equipment, as are all operations of the department. This is one area in which the federal government could make a substantial difference. Although federal funds are available on a continuing basis to state police and highway patrols in the United States for speed limit and DUI enforcement activities and for a multitude of other law enforcement programs, no federal funds -- with the exception of specific program grants, such as the purchase of drug-detection dogs -- address this enforcement concept and similar programs in other states. Encouragement of state programs aimed at drug interdiction on highways, particularly in key transit states like Alabama, and monetary support of these programs should be a federal drug enforcement priority.

A second area -- and the most bureaucratically frustrating -- that requires urgent attention at the federal level involves federal adoption of state and local investigations and seizures. We are extremely concerned with an amendment of the Anti-Drug Abuse Act of 1988 that addresses federal adoption of seizures by state and local law enforcement agencies. This amendment of Title 21, United States Code section 881(e), effective October 1 would prohibit the federal government from sharing federally forfeited property with state or local agencies when such sharing would circumvent state law prohibiting the forfeiture or limiting its use. We believe that this amendment, if it is allowed to become effective, will inhibit or eliminate state and local requests for federal forfeiture adoption and discourage vital, cooperative drug enforcement work.

Drug interdiction and trafficking investigations conducted in Alabama by the Alabama Bureau of Investigation, a division of the Department of Public Safety, invariably are multi-jurisdictional and involve all levels of law enforcement because, as previously noted, with the exception of home-grown marijuana, almost all illegal drugs in the state originate elsewhere. This, coupled with the need to maximize the effective use of limited personnel and equipment, has helped produce in Alabama an unparalleled cooperative drug enforcement initiative among agencies at the state and federal levels. Under current federal and state laws, federal adoption of appropriate state cases and the seizures that ensue is an important part of this initiative that furthers cooperative drug enforcement efforts at all levels. It is of the utmost importance in our corporate fight against drugs that such interagency cooperation be encouraged and cultivated, and not hindered by the amendment in question.

It is vitally important that all resources be made available as options for application as needed during the course of drug investigations to help further the investigation or strengthen the case for trial. Federal forfeiture adoption is one of those important and valuable options that has been of great benefit to cooperative drug enforcement work because it bolsters investigative efforts through the application of seizures to such work. If the object of the forfeiture program is to utilize such forfeitures for drug enforcement work, then it is a matter of little consequence through which agency the money is applied, but vitally important that all viable options are available to both investigators and prosecutors. The Title 21 amendment, however, would subvert this drug-fighting resource and prove of substantial negative impact on drug enforcement efforts at all levels throughout the United States. The amendment also would discourage rather than facilitate cooperative efforts among local, state and federal agencies through the prohibition of federal forfeiture adoption under certain circumstances.

In our estimation one of the most serious spin-offs of the loss of federal prosecution in these proposed Title 21 cases will be the elimination of timely and meaningful prosecution of drug cases. A mainly rural state such as Alabama does not have the financial resources to expand the prosecutorial offices of the various district attorneys to accommodate the flood of drug cases being made by enforcement agencies on all jurisdictional levels. The prohibition of federal court and U.S. attorney resources as detailed in the controversial Title 21 amendment is irresponsible and must be corrected.

Uninhibited multi-agency cooperation is crucial if we are to continue fielding a serious, determined, effective response to the interjection of illegal drugs into our society. I already have contacted each Alabama senator and congressman in Washington to express the Department of Public Safety's profound concern about this situation and to seek a legislative remedy. (Sample copy of correspondence attached.) If Congress is unable to take remedial action prior to implementation, we are requesting an immediate moratorium be imposed until such action may be effected.

In Alabama and throughout the United States, there is no graver, more immediate threat to public safety than that of the drug problem. From violent crime to domestic abuse to political corruption ... from deaths on the road to injuries on the job ... drugs are there, they are involved, they are to blame. It is somehow more comfortable to associate the drug problem only with junkies, street dealers, traffickers and smugglers, but drug abuse does not begin and end with violent criminal acts. Its reverberations are felt far beyond the confines of the criminal element; and the millions of so-called "recreational users" that supply the bulk of the demand for illegal drugs are as much a part of the problem as street junkies. Their hands, too, are stained with the pervasive violence and crime of the illegal drug trade. They cause accidents, injuries and fatalities on our roadways; increase deaths and disabling injuries among all industries and cause decreased productivity and significant economic loss. Drugs are a major cause of infant fatalities and a contributory factor in the majority of child abuse and neglect cases. Add to that the latest drug-related devastation: the association of drugs and AIDS, and the spread of AIDS because of drug abusers.

The millions of casual, recreational and non-descript drug abusers throughout the United States must be the target of nationwide drug-free workplace efforts. While law enforcement fights this battle on many fronts and levels, and educators strive to raise a generation of drug-free citizens from "K" through "12," the demand levels must be reduced through a massive effort to produce a drug-free workplace environment. This effort is necessary to "bridge" the drug enforcement activities that are destined to hold the fort until demand reduction occurs through the education of an entire generation of youth. Without this bridge; we are facing 10 to 12 years before we can hope to see a reduced demand. With a nationwide drug-free workplace environment, we could possible see significant demand reduction in a relatively short period of time.

Each facet of the drug problem presents unique challenges to society as a whole, and to a law enforcement community in this and other states that is chronically short of personnel, equipment and money. The Department of Public Safety has accepted this challenge and continues to mold its response, through enforcement and education, to fit the changing face of the drug problem.

Senator **Heflin**. Well, thank you, sir.

Mr. Swindall, let me ask you this. In regards to the State and drugs, the Federal moneys are largely made available to the government of the State, and then you make determinations as to where the greatest need is and allocate the money.

How much have you received in Federal funds thus far?

Mr. **Swindall**. We received an initial $2.9 million.

Senator **Heflin**. 2.9 is your statement, sir.

Mr. **Swindall**. And then, as you know, the last allotment we received also had some juvenile justice money involved with it which is nearly $2 million. But some of that has to come out by our victims' programs and the juvenile programs.

Senator **Heflin**. Adding to that, have State funds been appropriated to give you?

Mr. **Swindall**. Yes. These are 75–25 percent match, and they are coming from State and local funds.

Senator **Heflin**. In other words, you get 75 percent Federal match and 25 percent State match?

Mr. **Swindall**. State and local yes.

Senator **Heflin**. State and local, all right.

Mr. **Swindall**. And it goes up to 50 percent, I believe it is the next up.

Senator **Heflin**. Have you established a formula or a list of priorities as to how you will use those funds?

Mr. **Swindall**. Yes, sir. As I stated in my statement, we solicited the applications from all the law enforcement agencies across the State, multiagency and single task forces. And in those applications they tell us what they are going to do toward decreasing the drug crime within their jurisdiction, and as an overall operation throughout the State of Alabama. And that is how the funds are allotted by this 14-member Drug Board through Governor Hunt to those agencies, that say we can do the most with the least, and spread it out the farthest.

Senator **Heflin**. I believe that you testified that you had made 10 local grants?

Mr. **Swindall**. Multiagency task forces, yes, sir, which includes six to eight counties each and several cities. Montgomery is a single city that has been funded.

The ABC Board and the State of Alabama Corrections has some for testing. And the Department of Public Safety, ABI. The ABC Board is, and I think the Colonel touched on this awhile ago, is taking up the slack with a number of agents that can move around the State into those one and two-men departments that cannot afford or cannot muster enough strength to organize a task force.

So they go in and take up the slack. ABI, Department of Public Safety, and then the major elements of it and then the task forces are all tied together throughout the State into a single Task Force.

Senator **Heflin**. Mr. Wells testified about the business that is reaping profits of $110 billion and less than 10 billion is being used for it.

Well, it may be you would have to do it later when you give some thought to it, could you list to us and give us, maybe in writing, what you think your needs are over the next, say, couple of years in order to carry out a very comprehensive war on drugs in Alabama at the various localities, and any priorities that you would see in regards to the war on drugs?

Mr. SWINDALL. Yes, sir. It would be my pleasure.

Senator HEFLIN. Mr. Wilson, we are delighted to hear from you. I had read your statement on the matter of equitable sharing, section 6077. And that is a matter I think that certainly ought to be reviewed, hearings ought to be held. And as I understand it, that does not go into effect until October 1.

Mr. WILSON. That is correct, Senator.

Senator HEFLIN. So we have some time to maybe modify or change that law.

Mr. WILSON. Yes, sir.

Senator HEFLIN. Under the arm-in-arm sharing, if the Federal participated 25 percent, if the city participated 10 percent and the county 20 percent, and the State a certain percentage, then after the initial cost of the investigation, then the arm-in-arm sharing is done on the basis of percentage of participation?

Mr. WILSON. That is correct.

Senator HEFLIN. On this adoptive seizure, if, for example, the city of Montgomery wants to bring you into a Federal court, and say we captured this airplane that had drugs on it, and we want to condemn it, what you would do then, you would go through the forfeiture proceedings, the condemnation, the court proceedings, and you would, I suppose, take 10 percent of what it is for the cost of doing the forfeiture?

Mr. WILSON. That is correct.

Senator HEFLIN. Then, under this program, the city of Montgomery would get 90 percent. If that plane was worth $100,000, then $90,000 of that money would go to the city of Montgomery?

Mr. WILSON. That is correct, sir.

Senator HEFLIN. Further you are saying that money goes into the city council rather than to the police department. Therefore, your feeling is that it would add much more cooperation, give much more of an incentive if that $90,000 would go to the police department of the city of Montgomery rather than going to the city council where they might appropriate some of that for schools, for potholes, or something else?

Mr. WILSON. Absolutely, Senator.

Senator HEFLIN. In other words, I just want to understand exactly this program.

In your district, you have got several military installations. I know I had about 3 or 4 years ago detailed discussions with General Parker at Fort Rucker about how the helicopter trainers, particularly at night, might help in regards to some planes that might be coming in and cross the panhandle of Florida, landing at some rural airport that would be unattended at 2 or 3 o'clock in the morning.

Then in regard to that, you have another area up around Fort Benning where there are some helicopters and here there are not too many airplanes at Maxwell or at Gunter, not like the normal Air Force base, plus the National Guard, and Reserves. I just mention that.

Now, there was a big discussion, and a lot of differing opinions on the use of military.

Do you see a role in this particular district that the military could play in regards to trying to interdict drugs?

Mr. WILSON. Yes, sir. Sir, you have an attack, a battalion of helicopters down at Fort Rucker that are not trainers, they are actual combat helicopters. The Alabama Army National Guard has a number of helicopters that are available, and the Alabama Air National Guard has a group which is equivalent to a wing of F-16 aircraft.

If you could marshal these resources and put them on alert duty on a temporary basis from time to time, and allow them to be used under the direction of law enforcement purposes to, one, meet the aircraft, stay with them, bring them into a field where local law enforcement, State or Federal, civilian officials would be there to actually check the perpetrators, so to speak, that would be a great use of technique. it would be good training tool. It would not only provide them the same techniques that they need to train for wartime efforts, but it is a good use of your equipment, and it is available and it is available right now.

One unique feature of that, Senator, would be that the Army National Guardsmen flying in helicopter, and the Air National Guardsmen flying, as I said, the F-16's, or whatever other aircraft were put on alert, would be under title 32 of the United States Code, which means they are under the Governor's command, not under title 10 authority. And that raises some of the better defenses to some of the legal issues that come up under the Posse Comitatus Act.

I happen to be in the Air National Guard unit I am referring to, and I know some of the talking among the pilots and the commanders. They would love to participate if given that opportunity. And I think it is a tool that is well worth looking at.

Senator HEFLIN. And your feeling is that some, particularly the National Guard, if it is done under the Governor's authority rather than that Posse Comitatus Act, that you would not have those limitation restrictions, and it could be much more effective?

Mr. WILSON. Yes, sir. The big problem will be funding. That is what it all gets back to, Senator, is the money. If they don't have the trained men, days, and travel money and that type of resource, then they cannot do it. But if that funding were made available through the Defense Department to say the Alabama National Guard, and they were mandated to put *x* number of helicopters on duty and you could select your time. Say you wanted to take a window of 30 days and try it experimentally and pick the middle of July or whatever would be the appropriate time. That is the kind of project I would like to see undertaken, at least on an experimental basis, and see if it would not work.

We are already doing this, by the way, with communication equipment from the National Guard. And I think that is going to prove to be a very successful effort.

Senator HEFLIN. Well, what about the use of that type of helicopters and those used relative to spotting marijuana fields and marijuana growths? Would that be helpful?

Mr. WILSON. Yes, sir, I believe it would. Colonel Wells and Captain Jemison might be more apropos to make comments on that, but I believe that would be a direct application there also, sir.

Senator HEFLIN. Mr. Wells, would you like to comment on that?

Mr. WELLS. We, in a limited way, for several years in our marijuana eradication program, we have had access to personnel who are both law enforcement personnel and are Guardsmen who, many of them are in aviation units. So we have had the ability to gain intelligence through informal relationships, both with the Guard units, and we also had some very productive situations with active duty facilities with the personnel in this State in the past.

It has been those areas of intelligence that we do not obviously talk a lot about. But we do have those pipelines open.

Now, as far as the present day, we do have some moneys that have come down to the Army National Guard here for use of helicopters and personnel in the marijuana eradication program. And this year, this season coming up, it is just beginning. We will be utilizing for the first time some of their equipment and resources.

There are some training programs we are engaged in to bring them under the overall umbrella of the marijuana eradication program in the State.Their equipment will be utilized in several, not just spotting, but several other areas in that we can transport personnel, and for harvesting or any other enforcement work. And we do expect some ground personnel to be available in the harvest activities which would be extremely valuable to us because, at the present time, when we do the harvesting during the growing season, it takes the agents, both our ABI or DPS personnel, as well as ABC, it takes them off investigative work in the field to come in and do the harvest work. So we interrupt normal investigations, sometimes sensitive investigations even get delayed.

So what this will enable us to do this first year is to see how we can put it together and get the bugs out of it, and we think it will be of enormous help to us.

Some of their personnel also would be utilized, I understand, in some of the coastal areas where we also have—or rather the U.S. Customs Service, particularly, has significant interest in their work at the ports of entry. We see ports of entry not only on our coast, but as you well know Huntsville is a port of entry in the aircraft field.

Senator HEFLIN. You mentioned in your testimony, Mr. Wells, about the Federal funds and the overtime, making the comparison between highway safety and enforcement of setting speed limits and other things and overtime.

Is it your suggestion that fund be made a direct part of the drug bill rather than going through the request system, to be funded through Mr. Swindall's office?

Mr. WELLS. Yes, sir, much in the same order as the speed enforcement and DUI enforcement, moneywise. Those moneys in those two areas, they are not paid if the time is not worked. If the operation is not underway. In other words, there is strictly overtime moneys, and if the overtime is worked, of course, you have to have—there is a production factor you look at also. I mean you have a max that you have to work under, a cap, but it is not grant money. It is a reimbursement based on the activities, the operational activities of the units.

Senator HEFLIN. Well, thank you.

Mr. Jemison, we appreciate you being here. Do you want to add anything to what has been said?

Mr. **Jemison**. No, Senator. I work for the Colonel and I was here to answer any questions you might have that he did not have the answer to.

Senator **Heflin**. All right, sir. Thank you.

We will call a brief recess, and Mr. Wilson has a function that he wants to perform at this time which shows the work and the activity of this equitable sharing and equitable seizures that have taken place.

So, Mr. Wilson, if you would come forward and make your presentation, and we will do this as rapidly as we can since the time is going by.

[Recess.]

Senator **Heflin**. Our next panel is on education, treatment, and rehabilitation. Mr. J. Michael Horsley, the Commissioner of the Alabama Department of Mental Health; Shirley Scanlan, consultant, Office of Protective Services, Division of Family and Children Services of the Alabama Department of Human Resources; Dr. Martha Barton, the Assistant State Superintendent for Instructional Services; and Rosalyn King, Assistant Superintendent of Special Services for the Montgomery Public Schools. If you all will come around, and Mr. Horsley, if you will begin.

I am going to have to ask that we do limit our remarks, and I am going to have to enforce it. Your written testimony will be made a part of the record, and you can add to it later, but please don't talk longer than 5 minutes per person. Go ahead, Mr. Horsley.

PANEL CONSISTING OF J. MICHAEL HORSLEY, COMMISSIONER, ALABAMA DEPARTMENT OF MENTAL HEALTH; SHIRLEY SCANLAN, CONSULTANT, OFFICE OF PROTECTIVE SERVICES, DIVISION OF FAMILY AND CHILDREN SERVICES, ALABAMA DEPARTMENT OF HUMAN RESOURCES; DR. MARTHA BARTON, ASSISTANT STATE SUPERINTENDENT FOR INSTRUCTIONAL SERVICES; AND ROSALYN KING, ASSISTANT SUPERINTENDENT FOR SPECIAL SERVICES, MONTGOMERY PUBLIC SCHOOLS

STATEMENT OF J. MICHAEL HORSLEY

Mr. **Horsley**. Yes, sir. Senator Heflin, thank you for the opportunity, and thanks to the Subcommittee on Courts and Administrative Practice for holding this field hearing to discuss the issue of substance abuse.

The problems of drug abuse and Alabama's efforts to combat those results have been a priority of Governor Hunt since assuming office.

Among his initiatives are legislation taxing illicit drugs and the proceeds from their sales; the creation of a multiagency Drug Abuse Policy Board, which was discussed earlier by Colonel Wells; and the Governor's Conference on Drug Awareness, which is an education effort.

Realizing that the Department of Mental Health and Mental Retardation, even though having responsibility for substance abuse did not have a separate emphasis on it. The Governor recently appointed Deputy Commissioner Jim Reddock and assigned him a specific responsibility of creating and administering a separate bureau within the department on substance abuse.

Along with this new bureau, the department is dedicating approximately $8.6 million from a capital construction bond issue passed in 1988 for the renovation and construction of new substance abuse programs.

The combined efforts of new and improved facilities with administrative guidance and coordination should result in a statewide systematic approach targeted toward those who most need prevention, intervention, and treatment services, and we are going to put particular emphasis on adolescents and women, as was discussed earlier by the Attorney General.

We had been funding, up until just a month ago, 12 beds for adolescent substance abuse treatment. We have increased that to 24 in the last month, and we hope through this bond issue money will increase that by about fivefold over the next year.

Specifically in the areas of prevention and intervention, emphasis is being placed on high-risk youth, and interrupting dysfunctional family systems, which cause the intergenerational patterns of abuse to continue.

For years, research has shown that children raised in unhealthy families grow up to behave in the same patterns in their own families. Therefore, without intervention, the problem will be self-perpetuating.

As prevention programs focus on youth and their families, the treatment programs also include family issues as a necessary part of the recovery process to get the families involved. Once again, the data shows how important breaking the cycle of drug abuse is to our own, and especially future generations.

Last year, 79.5 percent of those treated for drug abuse in Alabama were between the ages of 18 and 39. These people are our work force and the parents of our next generation. As such, they drive productivity down, health-care costs up, and they bring children into this world who will be prone to abusive behaviors, based, as we know now, on hereditary as well as the environmental factors, and the influences that they have on their children.

We in Alabama are aware of the task before us, which goes far beyond the capabilities and responsibilities of any one agency.

Communication and cooperation of all involved on the local, State and Federal levels is necessary if a systematic effective approach is to be accomplished. You obviously believe this as well because you are holding these proceedings, and you specifically requested to know of ways that Federal and State agencies could improve interactions.

Much is being done at the national level to address enforcement issues, and I believe sometimes that is possibly at the expense of addressing treatment issues, which is what I would like to talk about.

I think it is incumbent on William Bennett, director of the Office of National Drug Control Policy, to bring treatment issues to the forefront.

I look forward to working with people in Washington in developing treatment efforts and initiating alternative life styles for those that are caught up in drug-dependent cycles.

The specific concern that I would like to bring to you today is the new allocation and service requirement formulas of the Alcohol, Drug Abuse, Mental Health Services Block Grant.

First, the anti-drug bill moneys have been combined with the original block grant, resulting in an initial increase in funding. However, because of the allocation of the anti-drug bill, we are weighed for urban areas. Between the years of 1987 and 1993, Alabama will receive a 9.4-percent overall reduction in Federal moneys for substance abuse services.

Reductions will also occur in other southeastern States. While this region does not contain large urban populations, other characteristics do exist that will make our role of primary importance in the national effort.

For example, our climate is favorable for producing large quantities of marijuana. Large rural areas allow for many small air strips for drug importation and distribution to the rest of the country, as has been mentioned from the enforcement side, and the so-called drug pipeline does run within our borders.

Because of factors such as these, drugs are more available to the population of Alabama, even in rural areas, than in most other parts of the United States. Also, if we are successful in controlling the use, manufacture, and flow of drugs, availability nationwide would be affected.

But instead of being given additional moneys to enhance our efforts, moneys are being reduced while additional service requirements are mandated. The block grant has, in essence, become a categorical grant.

Originally, the intention of the block grant was to provide the moneys to the State and allow the State to develop the programs with the priorities within the State. This is being taken away in terms of flexibility, the result of mandating funds to specific populations such as women, intravenous drug abusers—which we do not recognize in Alabama as being our most specific problem. We need to be addressing adolescents. We need to be targeting those as a population. We need to be targeting crack drug-users as a population.

But when we have these mandates, that we have a certain percentage of the moneys that must be spent on it, you know, that means that long-established programs that are now operating at full capacity and have waiting lists, they will either have to be cut or reduced.

You know, State moneys are simply not available to continue to increase those programs, plus provide for some of the identified needs, as I spoke of just a moment ago.

Finally, the language of the mandated service requirements is somewhat confusing. It overlaps service areas, and at points may even conflict.

Department staff within our Department of Mental Health and Mental Retardation are having difficulty deciphering exactly what is expected under the block grant, yet face losing funds if compliance is not achieved.

The State's desire, as is the Federal Government's, is to use the available moneys in the most effective and efficient ways possible to reduce the drug problem.

Through increased communication and cooperation, the impact at the local level can enhance service delivery through an informed, systematic action.

Over the next few years, Alabama and many other States will be set back instead of forging ahead, if we do not continue to put more funds into these programs. With less funds we will be sponsoring federally mandated programs for populations that are inconsistent somewhat with Alabama's recognized needs.

Your help and assistance in correcting this situation would be greatly appreciated, and I thank you for the opportunity and will be glad to answer any questions.

[The prepared statement of Mr. Horsley, with attachments, follows:]

SENATE HEARING TESTIMONY OF

J. MICHAEL HORSLEY

APRIL 27, 1989

Guy Hunt is into his third year as Alabama's first Republican Governor since reconstruction. He started his term as Governor faced with such overwhelming social and economic problems as the highest infant mortality rate among all states in the nation, high unemployment rates in rural counties with too few industries, and an inadequate revenue base for a general fund that provides services to Medicaid and welfare recipients, as well as to consumers of mental health services. To many, foremost among the problems facing the new administration was the epidemic problem of drug abuse--a problem that exists not only among adolescents, but among women of child-bearing age, and professionals and others in the workforce.

Governor Hunt immediately began innovative and effective initiatives to combat these problems. Since January 1987, the infant mortality rate has been reduced, unemployment rates have declined considerably, a Child Welfare Commission has been created with the special charge of finding ways to fund child welfare services, and a juvenile justice task force has identified solutions to the traditional problems facing juvenile offenders.

One of the first initiatives by the Governor to remedy the drug problem was the introduction, and ultimate passage, of legislation taxing drugs and the proceeds from drug sales in Alabama. The revenue collected from this tax is allocated to the always overburdened state general fund.

The legislation is evidence of the innovative initiatives this state is willing to take to combat such a devastating problem as the widespread use and sale of illicit drugs. It sends a strong message to drug dealers: That message is, "Get out of Alabama and stay out." It is also evidence that Alabama can assume a leadership role in providing model programs from which others can learn.

Governor Hunt's commitment to providing opportunities to young people who have gotten caught up in the dangerous and destructive lifestyle of the drug abuser was made clear by his remarks at a recent Governor's Conference on Drug Awareness. This conference--the fifth one of its kind in Alabama--addressed primarily young people, featuring a program in which 1,000 first graders were graduated in a mock ceremony in which they pledged to remain "smoke-free" until the year of their high school graduation, the year 2000. Programs were also provided for more than 2,200 young people in grades 4 through 12.

Sponsorship of the drug awareness conference is shared by the state Department of Mental Health and Mental Retardation, the Governor's Office, and his Drug Abuse Policy Board--a board appointed by the Governor to make policy and address issues dealing with the ever-increasing problem of drug abuse in this state and this nation. Serving on this board are members of the Governor's cabinet and others representing the Department of Mental Health and Mental Retardation, the Department of Public Safety, the Department of Corrections, the Department of Education, etc. Individuals bring to this board insight into the drug problem from different perspectives such as enforcement, treatment, education, and rehabilitation.

In a concerted effort to help and protect all this state's children, Governor Hunt has proclaimed fiscal year 1989 the

"Year of the Child" in Alabama. As part of this effort, drug education and awareness have become a top priority. Also given its due emphasis in recent months is the responsibility the Department of Mental Health and Mental Retardation is entrusted with in serving victims of drug and alcohol abuse. Governor Hunt, realizing that the hierarchy within the state Department of Mental Health and Mental Retardation was not set up to give drug abuse the emphasis it deserves, appointed a deputy commissioner to serve alongside the commissioner, and whose direct responsibility it is to supervise, guide, and direct a newly created Bureau of Substance Abuse.

To help the commissioner and deputy commissioner make policy decisions and allocate funds--especially funds made available to the Department of Mental Health and Mental Retardation through legislation authorizing a $100 million bond issue for capital construction projects--the Governor suggested that town meetings be held throughout the state. To this end, a series of 13 town meetings was held in both rural and urban areas during February and March of this year. The purpose of these town meetings was to gather input for needed services from professionals, consumers of mental health services, and families. A common outcry was heard throughout the state for additional residential facilities to serve individuals with drug and alcohol addictions--especially adolescents and females.

We would hope that forums such as you have provided here today for people who have the interest, expertise, and most important, the responsibility, to improve the drug abuse situation in this state, will provide a worthwhile and productive dialogue between the state and federal governments. We hope by the comments you hear today, and the written testimony you collect for the record, that you are assured that Alabama is totally committed to changing attitudes, changing directions, and changing policies if necessary, to escalate its efforts in prevention, intervention, rehabilitation and education for those Alabama citizens who have been entrapped in a cycle that is hard to break out of--the cycle of drug abuse.

The Problem

It has been said that "drugs are tearing apart the very fiber of our society." For many reasons, I believe this statement true enough to be frightening. Reinforcing this statement are statistics indicating who in our society abuses drugs, and the additional societal problems that are created by these drug abusers.

In fiscal year 1987-88, of the drug abuse clients in Alabama, 79.5% were within the age range of 18 to 39 years old. From this fact, many primary and secondary problems associated with drug abuse become evident:

I. Persons from 18 to 39 years of age represent a major portion of the workforce and tax-paying public. The following figures describe how the workforce nationally and here in Alabama is being affected by drugs in the workplace:
   A. Nationally, it is estimated that $300 billion is lost annually in productivity through theft, crime, use of sick leave, health care costs and legal fees due to drug abuse and its effects on the job.
   B. 10 to 15% of the workforce arrives at work under the influence on a daily basis.
   C. Drug abusers are one-third less productive and miss ten times as many work days as non-users.

D. Drug abusers use three times the normal level of sickness benefits and are five times more likely to file Worker's Compensation claims.

E. Over 70% of all grievances are filed by those with substance abuse problems.

F. In 1985, a confidential study revealed that 25% of all U. S. workers abused some form of mind-altering substance on the job.

G. The American Hospital Association estimates that approximately 50% of all hospital admissions also have substance abuse problems.

These figures indicate that the cost of drug abuse goes far beyond the scope of any one agency and infiltrates all segments of our lives and society in harmful ways. Young to middle adulthood are the most active and productive years in building wealth and independence. These are the individuals who contribute to government through taxes. Drug abusers, rather than being contributors, are driving up consumer, production and health care costs.

II. Persons within the 18 to 39 year age range also represent most of the child-bearing population. Recent studies reflect that one out of ten babies born are "drug exposed", and have many associated problems such as low birthweight, mental and physical abnormalities, and a tendency to be easily agitated. This last factor results in high rates of abuse and neglect from parents who themselves have a low tolerance for coping. In addition to significantly increased healthcare costs at birth, and the need for long-term services for physical and emotional problems, these children are much more likely to become wards of the state, or at least require some supervision through the juvenile justice or child welfare systems.

III. We know that drug abuse is caused by and causes families to develop dysfunctional patterns of behavior. People within the highest risk age range not only produce the future generation, but also provide care and role models for these children in their most formative years. The problem then becomes intergenerational with children following in the footsteps of their parents and grandparents. The results in the future can be expected to be the same as those previously described, but in greater numbers.

The other age group of primary concern is the 12 to 17-year olds who are defined as high risk due to their developmental needs, social demands and resultant vulnerabilities in our "quick fix/no pain" society. There are an estimated 37 million (one in five) who have used one or more illegal drugs within the last year nationwide. One study showed 57.6% of all high school seniors had at some time tried cocaine. These adolescents are being affected both physically and emotionally by drugs, the true results of which cannot be estimated because the purity of street drugs today is so much greater than ever before. Educational, developmental, occupational and successful adult adjustment potential are all at risk.

As the drug problem increases, those systems responsible for combating the effects described are funded through a tax base that is simply not growing at the same rate. The problem does appear overwhelming, with ever-increasing demands being placed on already overburdened systems.

Current Services

Prevention/Intervention

This fiscal year the Department of Mental Health and Mental Retardation is funding 34 prevention/intervention programs at a total cost of approximately $726,000 statewide. Additionally, the department was the successful applicant for two federal Office of Substance Abuse Prevention grants that total about $376,000 in annual awards. Efforts are at this time being targeted toward adolescent peer counseling/support programs and "high risk youth" populations. Recent research has consistently shown greater effectiveness when strategies are aimed at distinct groups. In October 1988, the decision was made to actively pursue these more defined initiatives. Alabama utilizes the characteristics of "high risk youth" as described in Section 4005 of the Anti-Drug Abuse Act of 1986, which are as follows:

A. Under age 21

B. Is a child of a substance abuser

C. Is a victim of physical, psychological or sexual abuse

D. Has dropped out of school

E. Has become pregnant

F. Is economically disadvantaged

G. Has committed a violent or delinquent act

H. Has experienced mental problems

I. Has attempted suicide

J. Is disabled by injuries

With these characteristics in mind, there are several programs that have met with success, and are models recommended for duplication:

1. "Family-Based Primary Prevention Programs for Children of Substance Abusers" - The Cahaba Center for Mental Health, located in Selma, Alabama, is working with 6 to 12-year old children of substance abusers and their parents in an effort to intervene in dysfunctional family behavior patterns. The center offers a series of 14-week skills training courses that include parenting skills, children's life skills training, and family communications. In teaching appropriate behavior and ways of expressing feelings, dysfunctional patterns are interrupted, and chances of the children becoming involved with drugs are reduced.
2. "Positive Peer Support Groups in Schools" - The Huntsville-Madison Community Mental Health Center in Huntsville, Alabama, as a combined effort with the Huntsville City School System, is providing this program in every junior and senior high school within the city. Groups of identified high risk youth meet weekly, and participate in early intervention activities targeted toward their needs. This model of programming is being proposed to the Office of Substance Abuse Prevention as a demonstration project.
3. "Broad-Based Community Prevention Program" - Birmingham's Aletheia House is focusing its preventive efforts on children and youth from public housing communities. Adolescents from 13 to 16 years of age are trained to serve as peer leaders who then help provide summer alternative activity programs to younger children from their

home communities. While children participate in positive activities at times when they might otherwise be unsupervised, appropriate role modeling is provided by and reinforced to the adolescent leaders.

4. "Reach Out to Children" - Located in Birmingham, this program specifically targets breaking the intergenerational cycle of substance abuse. Young children of alcoholics and pregnant teenagers who are also children of alcoholics are taught appropriate behavior and methods of expression in dealing with daily family and social demands. Self-esteem issues are addressed, since these individuals are especially vulnerable to feelings of inadequacy.

In addition to its funding of local prevention programs and its co-sponsoring of the Governor's Conference on Drug Awareness, the Department of Mental Health and Mental Retardation also supports the Alabama School of Alcohol and Drug Studies. Another prevention effort is the printing and distributing of prevention literature and material to funded providers, conference participants, and the general public. Conference support and prevention literature cost about $50,000 per year.

Treatment

Drug abuse treatment services in Alabama are broad-based and encompass all current modalities and settings. As stated previously, the level of availability does not meet the treatment demands. In fiscal year 1987-88, the department contracted for 157 short-term residential treatment beds (quarterway treatment), 196 residential rehabilitation beds (halfway treatment), and 62 long-term residential service beds statewide. Even though 62 of that number are designated as treating drug abusers only, like the trend nationally, most programs are now accepting persons with chemical addictions since most tend to be poly-drug abusers. Because the issues and needs are similar, designations of who will be accepted are no longer based on the substance or substances being abused.

The demand for additional services has been so acute that recently 22 beds have been added, with 10 being designated for women and 12 for adolescents. This still represents a shortage of residential alternatives for those who do not have insurance. The situation is especially critical for adolescent drug abusers, many of whom do not have the insurance necessary to utilize private programs; today there are only 24 beds available statewide in the public sector to serve this group.

Outpatient services are available in every service region in the state. However, the demand for these services is also great, and the lack of availability, at times, causes delays that are detrimental to the treatment/recovery process. Outpatient services include individual, group and family counseling, screening/diagnostic assessments, crisis management, and aftercare/supportive services. Also provided on an outpatient basis are two methadone maintenance programs, located in Birmingham and Mobile. These programs have been at maximum capacity and maintain lengthy waiting lists.

The total amount of expenditures for substance abuse treatment in fiscal year 1987-88 was $7,534,860 with a total of 11,480 persons being served. Public programs are constantly at maximum capacity and beyond, and the need for more services is obvious if the department is to fulfill its role in controlling substance abuse and treating its victims.

Illustrating how the demand for services has increased (to include awareness of available resources), the number of people served in Alabama during fiscal year 1987-88 increased approximately 50% over the previous fiscal year. The majority of that increase (more than two-thirds) was in outpatient services. Community mental health centers are receiving increasing numbers of referrals from employee assistance programs, court systems, etc., as the public becomes more aware of the true human and monetary costs of substance abuse.

Future Plans

The Department of Mental Health and Mental Retardation is currently establishing a separate bureau for the administration of substance abuse prevention, intervention, and treatment. Since 1981, this area of responsibility has been integrated into a division responsible for all community programs dealing with mental illness and substance abuse. While nearly all of the substance abuse services are provided at a local level, the need for separate emphasis and designated priority has become evident in that programming has not kept pace with other areas.

The department will continue to contract for alcohol and drug abuse services through the established local governing boards, placing requirements on the quality and level of services provided. The main difference will be that the administrative staff will have no other priority or demand for expertise. Because of this difference, local programs should be brought together in a systematic, coordinated effort that can more adequately address the statewide problem.

Additionally, the staff will act as a resource to provide current data, technology, and developments to the programs. Coordination with other agencies to encourage participation in intervention and treatment services by high risk populations they serve will also be pursued. Preliminary discussions and work on related issues have already begun with the Department of Youth Services and the Department of Human Resources. It is a recognized fact that few people seek treatment prior to experiencing significant harmful effects. Through the efforts of the new Bureau of Substance Abuse, participation in preventive programs should be linked to other desired public services.

The capability of existing resources to handle the needs, especially in the area of treatment for indigent, female and adolescent drug abusers, is admittedly inadequate. However, the department is planning to allocate $8.6 million from the capital construction bond issue, passed in the 1988 legislative session (Act #88-475), to upgrade and expand services. A task force developed a plan for expenditures in 1984 when the funds were originally requested, but realizing needs might no longer be consistent with those identified at the time, a series of 13 town meetings were held around the state. A report on recommendations received has been compiled and is now being reviewed. Final decisions on how the funds will be allocated should be made very soon. (A copy of the Governor's town meeting report is attached.)

Specific plans for fiscal year 1989-90 included in the DMH/MR Service Systems Plan, 1989-1993 (Chapter IV, Substance Abuse Services attached), include the following:

A. Continuation of existing programs and service levels

B. Development of two new drug abuse long-term residential programs

C. Provision of operational funding for two adolescent short-term residential programs that are to be constructed with capital construction monies

D. Increasing of residential detoxification rates of funding and provision of ten additional detoxification beds in the Mobile area

E. Provision of operational funding for two adolescent day treatment programs

F. Appointment of a task force to develop statewide strategies in setting policy, planning, and providing staff training and services to those clients with or at high risk of contracting AIDS

Naturally, the department will seek any available grant funds to further increase treatment and prevention efforts.

Problems/Issues

Specific ways in which overall effectiveness could be improved as the many state and federal agencies continue to fight the war on drugs lie in two basic areas--communication and cooperation. Significant impact can be achieved if all those involved work together in a coordinated and informed effort to insure that opportunities such as the Anti-Drug Bill of 1986, new Block Grant requirements, and the Drug-Free Workplace legislation are interpreted in ways that will benefit each state as it attempts to address drug-related problems most seriously affecting its citizens.

I. The Anti-Drug Bill is a major step in combatting the drug problem through multi-faceted funding to all agencies having responsibility. However, Alabama and other states within the southeastern region are deeply concerned that the actual allocations were weighted to urban areas. While the southeast does not contain large urban populations, other characteristics do exist that make our role of primary importance to the national effort.

Three facts are evident about the southeastern region: Alabama and other southeastern states are of a climate favorable for producing great quantities of marijuana; because of the region's large rural areas, small airstrips have emerged, providing landing sites for importing and distributing drugs to other areas of the country; and the "Drug Pipeline", as it is called by the Drug Enforcement Administration, runs within southeastern states. Because of these factors, drugs are more available even in rural populations than to most other areas of the country. If the southeastern region is successful in curtaining the use, manufacture, and flow of drugs in this area, other areas of the country will feel the effect.

Coupled with the fact that funding appears to be weighted in favor of urban areas, is the issue that between the years 1987 and 1993, the combined Anti-Drug Bill funding and money received through the Alcohol/Drug Abuse Mental Health Block Grant will be reduced overall by 9.4%. Despite this funding handicap, however, through the prudent use of the block grant, the department was able to fund programs so that there was a 93% increase in the number of drug abusers served between fiscal year 1987 and 1988, and a 23% increase in the number of alcoholics served during that time. These dramatic increases have reduced some of the unmet need, but there is no evidence that the department is anywhere close to meeting the treatment needs of substance abusers in this state.

Thus, when our existing resources are inadequate to meet the current demand for services, it seems an insurmountable challenge to think we might do better in the future when it appears that federal funds will be declining. The percentage of loss in federal revenue does not take into account the inflation rate that will drive costs up still further. The current allocation methodology guarantees that rural states will be unable to keep pace with what is being done today. Increasing services will be impossible, because state funds to make up the reductions will simply not be available.

II. The Alcohol/Drug Abuse Mental Health Block Grant has been dramatically changed by designating monies to be spent on certain target populations. If all the required allocations in the Block Grant were added up, the requirements would total approximately 175% of the award.

In Alabama, the result will be either to have to increase scarce state funding to maintain existing programs, or to eliminate viable, needed programs in order to establish others that are not consistent with identified needs. In essence, the block grant is now a categorical grant with local priorities being set at a federal level. The original purpose of the block grant was to allow states and local communities to address their unique problems. The trend is away from that original purpose, causing difficulties in funding, programs, and treatment. Priorities are typically set to address the most pressing needs of the greatest number of people. In a nation as large and varied as the United States, one must see the necessity of being flexible in setting specific priorities.

In addition, the federal government cannot be aware of all pressing issues or may fail to target certain deserving groups. Adolescents, for example, are consistently cited as needing priority in receiving public services because they are more likely to be successfully treated. Also, many adolescents have no insurance to utilize private programs. The new block grant does not target this most important group--a group that is highly vulnerable to becoming involved in drug abuse.

Allowing decisions to be made by those most familiar with local situations has merit because now, even considering the increased resources available through the block grant, long-established, much needed programs are in jeopardy in this state because federal and state priorities are inconsistent.

Congress has apparently responded to expressed needs from all factions involved in the alcohol and drug abuse field by setting multi-pronged requirements on the substance abuse funds. The final result will mean a loss of federal revenue to Alabama.

III. The Drug-Free Workplace legislation is a federal initiative that can only help combat the problems experienced by states. This legislation, the intent of which is not only to emphasize the federal government's intolerance of drugs in the workplace, but also to aid states in their efforts to combat the many problems created by drugs in the workplace, can possibly prove costly. Although the legislation has the state's full support in concept, concerns do exist as to how costly it will be to implement, especially as attempts are made to work within financial parameters that seem to constrict rather than expand in the face of ever-growing needs for substance abuse assistance, in the workplace, in residential treatment facilities, and in preventive programs.

Your recognition of the need to identify new and innovative ways to combat a problem that seems to be growing at a pace far faster than the resources and programs we have at hand with which to combat it is commendable. I hope that the information provided concerning efforts Alabama is making--as well as initiatives we would like to take, funding permitting--will be of some help as you and others who share your concern attempt to initiate legislation and allocate monies that will affect what agencies are able to do at the state level.

Report to the Governor
and the Bond Financing Authority

TOWN MEETINGS
$100 MILLION BOND ISSUE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

During late February and March, town meetings were conducted in 13 locations around the state. The purpose of the town meetings was to gain local input into the needs for mental health services, and to identify obvious gaps in service systems throughout the different regions visited.

An average of 100 people attended each meeting, with as many as 500 attending in Tuscaloosa, 225 in Birmingham, and 300 in Thomasville. At each meeting, requests were made for new or renovated facilities to serve the mentally ill, mentally retarded and victims of substance abuse, all representing valid needs.

This report will outline needs and requests voiced at each town meeting, accompanied by a listing of capital construction committee recommendations for each mental health catchment area. These catchment areas include the five regions of the state that comprise service areas for the mentally retarded.

The Capital Construction Committee, appointed in 1984 to study the needs for mental health services throughout the state, developed recommendations for funds to be allocated to each of the 21 catchment areas of the state. In developing its recommendations, the committee had to consider the court order that required state facilities to either obtain JCAHO (Joint Commission on the Accreditation of Healthcare Organizations) accreditation and/or Title XIX (Medicare and/or Medicaid) certification. While the court order historically dealt primarily with state facility programs and operations, it also stipulated that individuals served by the state receive such'services in "the least restrictive environment" possible. These considerations necessitated making certain improvements at state facilities, as well as constructing or renovating buildings in which services are provided by community programs.

In addition to a general listing of gaps in services and comments that apply statewide, specific needs and requests will appear in this report by mental health catchment area. There are 21 of these areas in the state, each served by a local governing board that was created by Act #310 of the Alabama state legislature.

An average of 20 people signed up to speak at each town meeting, with as many as 52 speaking in Birmingham, and 45 in Tuscaloosa. Speakers included local and state government leaders, representatives from law enforcement agencies, local school systems, probate courts, as well as friends and family members of individuals with mental illness, mental retardation and substance abuse problems. Especially touching were the consumers of mental health services who, although shy and unsure of themselves, advocated for themselves and their needs.

Many worthy and ambitious goals were identified as a result of the 13 town meetings. One of these goals was very eloquently expressed by the Probate Judge of Marengo County:

> I am pleading to Governor Guy Hunt. Many governors have come and their platform was industry; some have assumed the Governor's office promising to build highways; some have taken education. I am asking Governor Hunt if he would please consider the mental health problem in the state of Alabama as his number one priority.

The magnitude of the needs expressed for mental health services throughout this state was overwhelming. The problems faced by victims of mental illness, mental retardation and/or substance abuse (and their families) are certainly deserving of priority consideration.

PLANNING AND STRUCTURE OF TOWN MEETINGS

In January, a committee was appointed to organize and plan a series of town meetings across the state to study the needs for additional (or renovated) structures within which to serve the mentally ill, mentally retarded and substance abusing populations in Alabama. Membership of the committee is as follows:

Gil Jennings, Ex. Director, Mental Health Association in Alabama
Rogene Parris, President
Alliance for the Mentally Ill of Alabama
Sandy Sanford, Director
Association for Retarded Citizens of Alabama
Linda Lakeman, Mobile Mental Health Center
(Representing Dr. Jim Dill, Executive Director,
Alabama Council for Community Mental Health)
Harvey Fretwell, Community Relations
Bryce Hospital
Jarrel Reed, Public Information
Bryce Hospital
Faye Strickland, Public Information
Partlow State School and Hospital
Betty Gray, Public Information and Community Relations
Department of Mental Health/Mental Retardation
Melanie Beasley, Public Information and Community Relations
Department of Mental Health/Mental Retardation
Greg Carlson, Planning and Research
Department of Mental Health/Mental Retardation

Thanks to this committee--and as a result of only one meeting--plans were formulated for 13 town meetings around the state. Locations represented both rural and urban areas, and were accessible to each of the 21 mental health catchment areas and five mental retardation regions. Presiders and local arrangements coordinators--representing advocacy groups such as ARC and AMI, community mental health centers, and state hospitals and developmental centers--were recommended. Invitations were sent to representatives of such organizations as Volunteers of America, Alabama Hospital Association, Probate Judges Association, League of Municipalities, Association of County Commissioners, legislators, Family Court judges, National Association of Social Workers, Special Olympics, Crippled Childrens' Service, Department of Education, as well as the news media.

The schedule of town meetings was as follows: *Commissioner Mike Horsley served as a presider at each of the town meetings except Mobile, when he was in New York City to negotiate rates for the bond issue. Deputy Commissioner Jim Reddoch served at the Mobile meeting.

Town Meeting Schedule

City	Date	Attendance (Approximate)	Presiding	Local Arrangements Coordinator
Montgomery	February 23	125	Don Schofield Gordon Welling Gerald White, Jr. Henry Stough Cliff Andrews Mike Horsley* Jim Reddoch	DMH/MR Public Informatic
Huntsville	February 28	75	Gary Porier Lenore Gattis	Ruth Karr
Decatur	March 1	80	Phil Garrison Linda Richardson	Virginia Smith
Florence	March 2	125	Tommy Pirkle Betty Robertson	Betty Robertson
Birmingham	March 6	226	Rogene Parris Layton Dorman Rita Wright Jim Reddoch	Rogene Parris
Dothan	March 7	100	Susan Blumberg Charles McArthur	Susan Blumberg
Guntersville	March 13	70	Laura Casey Jerome Johnson	Laura Casey
Gadsden	March 14	103	Tim Naugher James Cody Larry Morris Nan Christian	Tim Naugher
Cullman	March 15	108	Tom Salter Virginia Smith Phil Garrison	Virginia Smith
Mobile	March 22	106	Terry Bartlett Lindsay Puckett Ed Lakeman Jim Reddoch	Linda Lakeman

Tuscaloosa	March 27	500	Larry Vail Charles Fetner Laurie Prentice-Dunn	Harvey Fretwell
Opelika	March 29	100	James Walter Cliff Andrews	James Walter
Thomasville	March 30	300	Parker Edwards Mickey Ezell Richard Craig Bill Armistead Jim Reddoch	Dorothy Davis

Because the initial bond issue will be in the amount of $60 million (due to a better bond rating and lower interest rate), while the capital construction committee recommendations totaled $86.4 million, and requests representing significantly more than that amount were received via town meetings, it will be extremely challenging to allocate the available bond money. In the face of such overwhelming response to town meetings by Alabama citizens representing valid and critical needs, decisions regarding allocation of funds must be weighed heavily, and money allocated where needs are found to be greatest.

J. Michael

J. Michael Horsley, Commissioner
Department of Mental Health/
Mental Retardation

GENERAL STATEWIDE COMMENTS

GAPS IN SERVICES/REQUESTS/RECOMMENDATIONS

1. Need for crisis stabilization services statewide.
2. Need for case managers to follow patient from most restrictive environment in state facilities to least restrictive environment in communities (to include supervised apartment living, group homes, and transitional homes), or to monitor outpatient services.
3. Additional beds (statewide) for adolescents and females with substance abuse problems.
4. Additional work opportunities for the mentally ill and mentally retarded, specifically sheltered workshops.
5. More group homes for the mentally ill and mentally retarded so that families must not be separated as they are when individuals are served in state facilities.
6. More halfway and quarterway houses for victims of substance abuse who are re-entering communities after undergoing residential drug treatment programs.
7. Holding facilities for individuals who have been committed to state facilities but for whom there are no available beds.
8. Numerous requests to hire individuals at state facilities and in communities who have signing skills and deafness awareness--hire those who can interact with the sensory impaired.
9. Many requests for services for mentally retarded pre-schoolers, to include infant stimulation programs.
10. Services for mentally retarded individuals who graduate from the public school system.
11. Services for severely emotionally disturbed children.
12. Many requests for transportation systems, especially from rural areas (where there are no services) to urban areas where, many times, community mental health centers are located.
13. Need for standards defining the seriously mentally ill.
14. Housing for the mentally ill, mentally retarded and substance abusing homeless.
15. Need to identify and utilize third party payment sources, to include Medicare and Medicaid.
16. Need to utilize available beds in public and private hospitals.
17. Need for facilities to serve the dually diagnosed (mentally retarded and mentally ill).

18. Need to change current commitment law. (One suggestion, to delete "overt act" clause)

19. Respite care for parents of mentally ill and mentally retarded (and other family members).

20. Need for facilities in the state (such as Alan Cott School in Birmingham) to serve autistic children who have different needs from the mentally retarded.

21. Requests for sitter services for the mentally retarded (such as services offered by Partlow before they were discontinued).

22. Many requests for equipment such as wheelchairs and hearing aids, etc.

23. Suggested that all facilities (new and existing) be made accessible to physically (and sensory) handicapped.

24. Recommendation that MR Services Director (a slot for one of these positions in each catchment area) salaries be used as state match for case management services.

25. Anticipation of future needs for geriatric services--possible look at retirement facilities for those mentally retarded who deserve to retire from active treatment.

26. Gaps in services: Currently approximately 4,400 with mental retardation on waiting lists statewide.

27. Many suggested buying buildings housing mental health facilities rather than paying high monthly rental payments.

28. Education programs to further information and awareness concerning mental retardation, mental illness and substance abuse.

29. Support of legislation positively affecting services to individuals served by DMH/MR, to include support of DMH/MR budget. Want to avoid possible situations of buildings sitting empty with no operational funds.

30. Department of Human Resources personnel suggested addition of crisis stabilization and assessment services for children, and specialized substitute care of aggressive retarded children.

31. Suggestions that nursing homes develop psychiatric specialty areas.

32. Recommendations that local matching requirements be lowered in economically depressed counties.

33. No new beds for young adult drug abusers in the capital construction plan. Recommendation received for addition of 250 new drug abuse beds.

34. Opinion expressed that crisis stabilization services should include care and treatment for adolescents and children.

35. Recommendation received that consumers of mental health services be included in membership of local 310 boards and advocacy groups.

36. Received recommendation that grants for educating the mentally ill be researched and applied for.

37. Request that group homes for individuals with mental illness be designed with single rooms.

38. Need expressed for out-patient commitment law.

39. Request received that guidelines for staffing any new community facilities be provided by the state department of Mental Health and Mental Retardation.

CATCHMENT AREA (M-1) Riverbend

COUNTIES: Colbert
Franklin
Lauderdale

TOWN MEETING: Florence Attendees: 125

REQUESTS/ NEEDS:

1. Facility to add 20 beds at Sunrise Lodge in Russellville, a residential program for the treatment of substance abuse. As of March 2, facility had 20 on waiting list.
2. Expressed great need for facility to house females with drug and alcohol addictions. The closest facility of this type is in Birmingham.
3. Need for detoxification unit for indigent patients.
4. Franklin County has no community services for individuals with mental retardation.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential facilities (2) Day Treatment/Outpatient Facility
Mental Retardation Projects:	Day Activity Center (Replacement)
Substance Abuse Service Projects:	Residential and Outpatient Facility for Women

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS: : $1,317,000

CATCHMENT AREA (M-2) North Central Alabama

COUNTIES:
Limestone
Lawrence
Morgan
Cullman

TOWN MEETING: Decatur and Cullman

Attendees:	
Decatur	80
Cullman	108

REQUESTS/ NEEDS:

1. Requested that a $336,000 work area be placed at North Central Alabama Center for the Developmentally Disabled.
2. Requested a residential facility for citizens with mental retardation in Morgan County--specifically, a group home with no more than six residents.
3. Crisis stabilization unit in Morgan County.
4. No facilities for treating individuals with mental illness in Limestone County.
5. Request from Terrell Industries, a sheltered workshop for the handicapped that is supported by a Board of Directors and an Advocacy Group, for funds in the amount of $40,000 to retire a debt on the building they currently occupy; money for a 10,000 square foot expansion for warehouse space; and group homes to be built on land that is available in close proximity to the plant they currently occupy.
6. Numerous requests for replacement facility for the Margaret Jean Jones Center (in the form of personal testimony at the meeting, letters to the Governor, and letters to Commissioner, DMH/MR). Requesting $336,000 to replace facility that now serves 67 clients.
7. Requesting $300,000 for group home to serve individuals with mental retardation in Cullman County.
8. Crisis Stabilization Unit in Cullman County.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (5) Day Treatment Facilities (3)
Mental Retardation Projects:	Work Center Facility (Contingency) Group Home Facility (Contingency)
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $1,928,000

CATCHMENT AREA (M-3) Huntsville-Madison County

COUNTIES: Madison

TOWN MEETING: Huntsville Attendees: 75

REQUESTS/ NEEDS:

1. Madison County ARC would like to build facility next door to facility they lease from Civitan Care, Inc., to house additional training area, storage and office space, and the supported employment program.
2. Madison County ARC would like to purchase property currently leased from Civitan Care, Inc. for $6,500 per month. Building cost $1.2 million in 1986, and the mortgage is for approximately $500,000.
3. Crisis Stabilization Unit in Huntsville.
4. Housing for individuals with mental illness in Huntsville.
5. Crisis intervention capabilities for individuals with mental retardation.
6. Services for the dually diagnosed.
7. Therpeutic Group Home in Madison County.
8. Residential Care Home.
9. Group homes for individuals with mental retardation.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (5) Day Treatment/Outpatient Facility
Mental Retardation Projects:	Day Activity Facility (Replacement)
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $1,913,000

CATCHMENT AREA (M-4) Northwest Alabama

COUNTIES:
Fayette
Lamar
Marion
Walker
Winston

TOWN MEETING: Tuscaloosa Attendees: 500

REQUESTS/ NEEDS:

1. Residential drug treatment facility in Marion County.
2. Many letters supporting capital construction plan as it is.
3. Recommend that original $300,000--allocated in 1986 plan for Day Activity Center for Mentally Retarded--be split equally among the Walker, Winston/Marion, and Fayette/Lamar ARC's. Funds would be used toward purchase of currently leased facilities. Received numerous letters supporting this idea. All ARC's support this division of funds.
4. Request for funds for Marion/Winston County ARC Sunrise Center. There are currently 35 clients housed in a one-room building. Facility does not have elevator or ramps. Facility needs space, training facilities, handicapped restrooms, covered ramp, and elevator. Requesting $150,000 to purchase and refurbish a building which would bring facilities to standard.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (3) (22 replacement beds) Day Treatment Facilities (2)
Mental Retardation Projects:	Day Activity Center
Substance Abuse Service Projects:	Day Treatment/Outpatient Facility Adolescent Residential Facility

TOTAL AMOUNT RECOMMENDED COMMUNITY PROJECTS : $2,574,000

CATCHMENT AREA (M-5)   Jefferson/Blount/St. Clair

COUNTIES: Jefferson   (Includes UAB, Western, and
Blount   Eastside Mental Health Centers)
St. Clair

TOWN MEETING: Birmingham   Attendees: 226

REQUESTS/
NEEDS:

1. Crisis Stabilization Centers.

2. New location for Eastside Mental Health Center, currently located near lounges and pornographic book stores.

3. Two group homes for the mentally retarded.

4. Workshop and building for mentally retarded in Blount County.

5. Group home and expanded work training program and work activity center for mentally retarded in Blount County.

6. Facilities to serve victims of substance abuse. (Big population in and around Birmingham going unserved)
   NOTE: 32% of children brought to Juvenile Court in Birmingham last year were on drugs, mostly cocaine. Drug offenses increased 140% last year in Birmingham.
   Currently have 250 on waiting list for community resident drug treatment in Jefferson County.

7. Not one bed in Birmingham for severely emotionally disturbed children (those under 12 who are severely emotionally disturbed or mentally retarded with behavior problems).

8. Day Activity Centers for mentally retarded (some in area have been on waiting lists for longer than four years).

9. Sheltered workshops for mentally ill.

10. Land has been donated in Snead, Alabama (Blount County) for an activity center to serve the mentally retarded (replacement center). Area would like funds to construct facility.

11. Proposal from Sparks Center in Birmingham requesting that DMH/MR match a gift of $500,000 from Alabama businessman Jim Wilson to establish an Infant and Preschool Learning Program. To be a cooperative effort between Sparks Center and UAB School of Education.

12. Proposal from Homestead Farms, Homestead Industries, in St. Clair County. On land owned by Jefferson/Blount/St. Clair Mental Health Association to build

an office, day care center, a 3,000-4,000 square foot club house and 20 500-600 square foot cottages for the mentally ill.

13. Request for recreational facilities at Glenn Ireland from parents of residents.
14. Outpatient day treatment facility for St. Clair County.
15. Need additional beds at Aletheia House, a drug treatment facility in Birmingham.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (6) Day Treatment/Outpatient Facilities (4) Eastside Mental Health Center
Mental Retardation Projects:	Early Intervention Program (Contingency) Group Home Work Center Day Activity Centers (5) (1 replacement) Group Home (Minor renovation)
Substance Abuse Service Projects:	Day Treatment/Outpatient Facilities (3) Adult Residential Facility (Replacement) Adolescent Facility

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $7,948,000

CATCHMENT AREA (M-6) CED

COUNTIES: Cherokee
Etowah
DeKalb

TOWN MEETING: Gadsden Attendees: 103

REQUESTS/ NEEDS:

1. Treatment facilities for adolescents with drug and alcohol abuse problems. Recommended that Department buy Bradford facility in Baldwin County.
2. Need residential and day activity programs for mentally retarded.
3. Need facility/treatment program for dually diagnosed.
4. Numerous requests (both oral and written) for Clark Smeltzer Training Center. Requested $300,000 for 5,000 square foot training center, and $300,000 for 5,000 square foot activity center to accommodate between 50-60 individuals. (Clark Smeltzer is a structured program for mentally retarded adults--trains them for independent living.)
5. Treatment facility for children with severe emotional problems.
6. Independent living facilities for mentally retarded.
7. Additional beds at "The Bridge", a treatment facility for adolescents with substance abuse problems. This facility serves the entire state. Currently have only 12 beds in the state serving adolescents with substance abuse problems. On March 14, facility had waiting list of 37. Requesting $75,000 for additional beds.
8. Cherokee County has no community services for the mentally retarded.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (4) Day Treatment/Outpatient Facility
Mental Retardation Projects:	Work Center Day Activity Center (Replacement) Group Home
Substance Abuse Service Project:	Adolescent Residential Facility (6 beds)

TOTAL AMOUNT RECOMMENDED COMMUNITY PROJECTS : $2,241,000

CATCHMENT AREA (M-7)	Calhoun-Cleburne
COUNTIES:	Calhoun Cleburne
TOWN MEETING: Gadsden	Attendees: 103

REQUESTS/ NEEDS:

1. Representatives from Calhoun County requested funds for an adult day activity center for mentally retarded individuals over age 21.
2. Calhoun-Cleburne Mental Health Board requested that a wing be added to a facility housing a day treatment program for mentally retarded individuals.
3. Requested two group homes for individuals with mental illness.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facility (17 beds) Expansion of Mental Health Center
Mental Retardation Projects:	Day Activity Center (Renovation) Group Home (Renovation) Day Activity Center
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $1,330,000

CATCHMENT AREA (M-8) Indian Rivers

COUNTIES: Bibb
Pickens
Tuscaloosa

TOWN MEETING: Tuscaloosa Attendees: 500

REQUESTS/ NEEDS:

1. Requested 14-16 bed group home for mentally ill.
2. Improved facility for housing Indian Rivers Mental Health Center satellite office in Bibb County. They are currently operating in 13' X 40' office.
3. Numerous requests for improvements at Geer Center for the Mentally Retarded in Pickens County. Group in Pickens County (including many local and state government leaders, and leaders of civic organizations) submitted a proposal for first and second-phase building projects for a replacement center for the Geer Center. They are requesting a total of $393,000. They are currently serving 21 clients--have 17 on waiting list.
4. Phoenix House--a halfway house in Tuscaloosa for victims of substance abuse--is looking to relocate, since a liquor store was built next door to them. The Governor's office and ABC Board worked with them to relocate to the Jemison Center. They are requesting an additional 20-bed wing, plus an additional wing to serve males currently on waiting list.
5. Received request from West Alabama Comprehensive Services (WACS), a program for the severely retarded. Building they are presently in has been condemned. They need a new building.
6. Crisis Stabilization Unit in Tuscaloosa.
7. Many recommendations that capital construction plan remain as is.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	**Residential Facility (16 beds) Day Treatment/Outpatient Facility**
Mental Retardation Projects:	**Day Activity Centers (4) (3 Replacements)**
Substance Abuse Service Projects:	**Adult Residential Facility (Replacement) Outpatient Facility**

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $2,278,000

Bryce State Hospital, Tuscaloosa (Serves statewide)

CATCHMENT AREA (M-8)
Page 2

Addition to Admissions Unit (Acute Care)
New Adolescent Dormitory
New Education Center (Adolescent School)
New Domiciliaries for 300 Chronic/Geriatric Patients
New Multi-Purpose Patient Program and Work Center
New Maintenance Shop and Centralized Warehouse
Upgrade Site Utilities and Road

TOTAL AMOUNT RECOMMENDED
STATE FACILITY : $33,921,000

CATCHMENT AREA (M-9) Cheaha

COUNTIES: Clay
Coosa
Randolph
Talladega

TOWN MEETING: Gadsden
Opelika

Attendees: Gadsden 103
Opelika 100

REQUESTS/ NEEDS: 1. Support plan as is.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facility (14 beds) Day Treatment Facility
Mental Retardation Projects:	Group Home Activity Center (Minor renovations)
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $890,000

CATCHMENT AREA (M-10)		West Alabama
COUNTIES:	Choctaw Greene Hale Marengo Sumter	
TOWN MEETING:	Thomasville	Attendees: 300

REQUESTS/ NEEDS:

1. Outpatient and day support program for individuals with mental illness in Hale County.
2. Would like to purchase/lease 22 supervised living apartments for chronically mentally ill.
3. Probate Judge in Marengo County requested that Governor Hunt make provision of mental health services the top priority of his administration.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facility (2) (22 beds) Day Treatment/Outpatient Facility
Mental Retardation Projects:	Day Activity Center (Replacement)
Substance Abuse Service Projects:	Adult Residential Facility (Replacement)

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $1,705,000

CATCHMENT AREA (M-11) Chilton-Shelby

COUNTIES: Chilton
Shelby

TOWN MEETING: Birmingham Attendees: 226

REQUESTS/ NEEDS:

1. Adult and adolescent populations in dire need of residential treatment for chemical abuse and dependency.
2. Use available hospital beds for holding facility for the mentally ill.
3. Crisis stabilization facilities.
4. Group homes for the mentally ill and mentally retarded.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (2) Day Treatment/Outpatient Facility
Mental Retardation Projects:	Group Home Day Activity Center (2) (Replacements)
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $2,025,000

CATCHMENT AREA (M-12) East Alabama

COUNTIES:
Chambers
Lee
Russell
Tallapoosa

TOWN MEETING: Opelika Attendees: 100

REQUESTS/NEEDS:

1. New facility for East Alabama Mental Health Center.
2. Replacement group home in Chambers County.
3. Many supported requested funds for addition to Valley Haven School. Would like to add on to school in order to serve the mentally retarded currently on a waiting list.
4. Support for capital construction plan as it stands.
5. Drug treatment facilities.
6. Infant stimulation program at Valley Haven School. They have 14 children and 57 adults on a waiting list. They are requesting $48,000.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Mental Health Center (Replacement) Residential Facilities (2) (23 beds) Day Treatment/Outpatient Facilities (2)
Mental Retardation Projects:	Activity Center Group Home (Replacement)
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $2,243,000

CATCHMENT AREA (M-13) Cahaba

COUNTIES: Dallas
Perry
Wilcox

TOWN MEETING: Montgomery Attendees: 125

REQUESTS/ NEEDS:

1. This three-county area has 17-19% population with mental illness/mental retardation as compared to 10% nationally and 11% statewide.
2. Need facility to conduct all-day programs for the mentally ill rather than current morning/afternoon sessions. Would like to add a wing to the building they work out of.
3. Have plans for 14-bed residential facility for the mentally ill in this area.
4. Day activity center for the mentally retarded in Selma.
5. Group home for mentally retarded males in Selma.
6. Replacement facility for Cahaba Center's Mentally Retarded Day Activity program.
7. Day treatment/outpatient facility in Wilcox County.
8. Need holding facility for the mentally ill in Camden.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facility (14 beds) Day Treatment/Outpatient Facilities (2)
Mental Retardation Projects:	Day Activity Center Group Home
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $1,771,000

CATCHMENT AREA (M-14) Montgomery

COUNTIES:
Autauga
Elmore
Lowndes
Montgomery

TOWN MEETING: Montgomery Attendees: 125

REQUESTS/ NEEDS:

1. Requested an addition of 165 beds at Greil Hospital in Montgomery, a residential hospital for the mentally ill.
2. Received numerous requests from probate judges and law enforcement community for crisis stabilization services.
3. Respite care for families of the mentally retarded.
4. Facility to care for the dually diagnosed.
5. Facility with "holding beds" or an evaluation center for individuals with mental illness.
6. Suggestion to designate five beds at Greil Hospital to be used as "holding beds" for persons with mental illness who are in crisis situations until situation can be assessed.
7. Suggestion that DMH/MR coordinate with federal government to make use of 1,400 beds left vacant at Tuskegee VA Hospital.
8. Requests that Tarwater re-assume delivery of respite care. In the past, Tarwater had 8-10 beds designated for respite care.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Mental Health Center (Replacement) Residential Facilities (3)
Mental Retardation Projects:	Group Homes (2)
Substance Abuse Service Projects:	Adult Residential Facility (Replacement) Adolescent Residential Facility

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS: : $3,464,000

Greil Regional Hospital, Montgomery (Serves regionally as acute-care facility)

New 100-bed addition to hospital
Renovation of existing hospital

TOTAL AMOUNT RECOMMENDED
STATE FACILITY : $5,361,500

CATCHMENT AREA (M-15) East Central Alabama

COUNTIES: Bullock
Macon
Pike

TOWN MEETING: Dothan Attendees: 100

REQUESTS/ NEEDS:

1. Mental Health Center facility in Troy.
2. Day treatment and activity center in Bullock County.
3. Two residential facilities.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Mental Health Center (Replacement) Residential Facilities (2) Day Treatment/Outpatient Facility
Mental Retardation Projects:	Day Activity Center
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED COMMUNITY PROJECTS : $2,125,000

CATCHMENT AREA (M-16) Mobile

COUNTIES: Mobile
Washington

TOWN MEETING: Mobile Attendees: 106

REQUESTS/ NEEDS:

1. Crisis Stabilization Unit for Mobile and Washington Counties.
2. Transitional homes for individuals with mental illness.
3. United Cerebral Palsey of Mobile requested a new facility to serve individuals with mental retardation or physical disabilities.
4. Community homes for the chronically mentally ill.
5. Residential drug treatment program.
6. Expansion of Phoenix House program, a day treatment program for homeless individuals with mental illness.
7. Small acute-care unit for children and adolescents with mental illness.
8. Several representatives from Augusta Evans School for the Developmentally Disabled requested funds with which to construct a physical education gymnasium. Children currently receive physical instruction in the halls of the school when the weather does not permit outside activity.
9. Volunteers of America requested an additional group home for individuals with mental retardation.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (6) Day Treatment/Outpatient Facilities (3)
Mental Retardation Projects:	Group Homes (3)
Substance Abuse Service Projects:	Day Treatment/Outpatient Facility Adolescent Residential Facility

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $3,795,000

CATCHMENT AREA (M-17) Southwest

COUNTIES:
Clarke
Conecuh
Escambia
Monroe

TOWN MEETING: Thomasville Attendees: 300

REQUESTS/ NEEDS:

1. Monroe Activity Center: A new activity center was included in original plans. There was concern that it would be left out.

2. New multi-use, integrated facility to provide daycare activities and services for adults with mental illnes or mental retardation in Monroe County.

3. Sheltered workshop in Monroe County.

4. Daycare center for preschoolers with mental retardation.

5. Small group homes for individuals with mental retardation or mental illness in Monroe County.

6. Renovation to Escambia Activity Center, a day facility for 37 persons with mental retardation.

7. Crisis Stabilization Unit in Monroe County to help those in crisis situations who cannot get a bed at Searcy Hospital. If not in Monroe County, then locate somewhere in catchment area.

8. Much local support (to include state and local government officials) for a request from Thomasville Adult Adjustment Center for $5 million to purchase 28 acres and several buildings located adjacent to facility.

9. Need for alcohol and drug treatment facility in Escambia County.

10. Need for residential facility to serve individuals with mental illness to alleviate waiting list at Searcy Hospital.

11. Clarke County ARC requested $60,000 to construct additional space for an adult training program in Jackson.

12. Funds were requested for an outpatient office and supported day treatment in Escambia County.

13. Crisis stabilization unit at Grove Hill Memorial Hospital, Intensive Care wing.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:
Residential Facilities (2)
Day Treatment/Outpatient Facilities (4)

CATCHMENT AREA (M-17)
Page 2

Mental Retardation Projects:	Activity Center (Renovation)
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED
COMMUNITY PROJECTS : $1,782,000

CATCHMENT AREA (M-18) South Central

COUNTIES: Butler
Coffee
Covington
Crenshaw

TOWN MEETING: Thomasville
Dothan

Attendees: Thomasville 300
Dothan 100

REQUESTS/NEEDS: No specific requests, comments, etc.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects: Residential Facility (11 beds)
Residential Facility (10 beds) (Contingency)
Day Treatment Center

Mental Retardation Projects: Group Home (Contingency)

Substance Abuse Service Projects: Residential Facility (Replacement)

TOTAL AMOUNT RECOMMENDED COMMUNITY PROJECTS : $1,183,000

CATCHMENT AREA (M-19) Wiregrass

COUNTIES:
Dale
Geneva
Houston
Henry
Barbour

TOWN MEETING: Dothan Attendees: 100

REQUESTS/ NEEDS:

1. Beds for adolescents with substance abuse problems.
2. Day treatment and outpatient facilities in Dale, Geneva and Houston Counties.
3. Replacement facility for 16-bed transitional home in Dothan for individuals with mental illness, with goal of expanding to residential facility with sheltered workshop.
4. Day treatment or outpatient facility in Houston County.
5. Group home for individuals with mental illness in Geneva County.
6. Crisis stabilization unit in Dale County.
7. Crisis stabilization unit in Houston County.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Day Treatment/Outpatient Facilities (3) Residential Facility
Mental Retardation Projects:	Activity Center Group Home
Substance Abuse Service Projects:	Adolescent Residential Facility

TOTAL AMOUNT RECOMMENDED COMMUNITY PROJECTS : $1,418,000

Eufaula Adolescent Center, Eufaula (Statewide adolescent facility)
New education center

TOTAL AMOUNT RECOMMENDED STATE FACILITY : $1,100,000

CATCHMENT AREA (M-20) Marshall-Jackson

COUNTIES: Marshall
Jackson

TOWN MEETING: Guntersville Attendees: 70

REQUESTS/ NEEDS:

1. Mountain Lakes Adult Activity Center needs replacement facility. Jackson County ARC owns land adjacent to sheltered workshop on which to build new center. 2,000 signatures submitted supporting this request.
2. No projects for individuals with mental retardation were included in the original capital construction plan. Many requests that this situation be explored.
3. Scottsboro ARC has land on which they would like funds to build facility.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facilities (2)
Mental Retardation Projects:	None
Substance Abuse Service Projects:	Adolescent Residential Facility

TOTAL AMOUNT RECOMMENDED COMMUNITY PROJECTS : $870,000

CATCHMENT AREA (M-21) Baldwin County

COUNTIES: Baldwin

TOWN MEETING: Mobile Attendees: 106

REQUESTS/ NEEDS:

1. Crisis stabilization unit.
2. Group home for individuals with mental retardation.
3. Expansion of day activity center for individuals with mental retardation.

CAPITAL CONSTRUCTION COMMITTEE RECOMMENDATIONS

Mental Illness Projects:	Residential Facility Day Treatment/Outpatient Facilities (2) Children and Adolescent Day Treatment/ Outpatient Facility
Mental Retardation Projects:	Day Activity Center (Renovation)
Substance Abuse Service Projects:	None

TOTAL AMOUNT RECOMMENDED COMMUNITY PROJECTS : $1,240,000

federal register

Tuesday
January 31, 1989

Part II

Drug-Free Workplace Requirements; Notice and Interim Final Rules

Office of Management and Budget
Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Health and Human Services
Department of Housing and Urban Development
Department of the Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of the Treasury

ACTION
African Development Foundation
International Development Cooperation Agency, Agency for International Development
Commission on the Bicentennial of the United States Constitution
Enviromental Protection Agency
Federal Emergency Management Agency
Federal Home Loan Bank Board
Federal Mediation and Conciliation Service
General Services Administration
National Foundation on the Arts and the Humanities, Institute of Museum Services
Inter-American Foundation
National Aeronautics and Space Administration
National Archives and Records Administration
National Foundation on the Arts and the Humanities
  National Endowment for the Arts
  National Endowment for the Humanities
National Science Foundation
Peace Corps
Small Business Administration
United States Information Agency
Veterans Administration

Department of Defense / General Services Administration / National Aeronautics and Space Administration

OFFICE OF MANAGEMENT AND BUDGET

Governmentwide Implementation of the Drug-Free Workplace Act of 1988

AGENCY: Office of Management and Budget.

ACTION: Notice.

SUMMARY: This Notice provides information, in the form of nonbinding questions and answers, to assist the public in meeting the requirements of the Drug-Free Workplace Act of 1988. The Office of Management and Budget (OMB) has coordinated regulatory development with over 30 Federal agencies to ensure uniform, governmentwide implementation of this Act. As a consequence, OMB is offering this non-regulatory guidance.

Part of the omnibus drug legislation enacted November 18, 1988 is the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D). This statute requires contractors and grantees of Federal agencies to certify that they will provide drug-free workplaces. Making the required certification is a precondition of receiving a contract or grant from a Federal agency beginning on March 18, 1989.

Regulatory requirements pertaining to contractors are detailed in an interim final rule appearing in today's Federal Register. This rule amends the Federal Acquisition Regulation (FAR) at 48 CFR Subparts 9.4, 23.5 and 52.2. Regulatory requirements pertaining to grantees are detailed in an interim final common rule also appearing in today's Federal Register. The grantee common rule, unlike the contractor FAR rule, includes an extensive common preamble which addresses in detail the application and requirements for grantees. The common rule amends the governmentwide nonprocurement debarment and suspension common rule. Under the Drug-Free Workplace Act, the ultimate consequence of noncompliance with the Act's requirements is debarment or suspension.

FOR FURTHER INFORMATION CONTACT: For grants, contact Barbara F. Kahlow, Financial Management Division, 10225 New Executive Office Building, OMB, Washington, DC 20503 (telephone 202-395-3053). For contracts, contact Donna Fossum, Office of Federal Procurement Policy, 9025 New Executive Office Building, OMB, Washington, DC 20503 (telephone 202-395-3300).

SUPPLEMENTARY INFORMATION: See the common preamble and the common rule for detailed information on requirements for grantees.

1. *Question*—What contracts are covered under the Drug-Free Workplace Act?

Answer—Under the Act, only procurement contracts, including purchase orders, awarded pursuant to the provisions of the Federal Acquisition Regulation (FAR) that are to be performed, in whole or in part, in the United States are subject to the Act. In addition, under the Act, there is a $25,000 threshold for contracts subject to the Act, except for contracts awarded to individuals for whom all contracts are covered.

2. *Question*—Are contracts performed partly inside the U.S. and partly outside the U.S. covered by the Drug-Free Workplace Act?

Answer—Yes. OMB reads the statute to require a contractor to have a Drug-Free Workplace program for those portions of the contract performed inside the United States.

3. *Question*—Are Medicare third-party reimbursements to hospitals covered by the Drug-Free Workplace Act?

Answer—No, because such third party reimbursements are not made via a procurement contract or a grant. However, hospitals that receive procurement contracts or grants must meet the requirements of the Act.

4. *Question*—Are banks and other financial institutions selling U.S. Treasury bonds covered by the Drug-Free Workplace Act?

Answer—No, because such sales are not made via a procurement contract or a grant. However, such institutions that receive procurement contracts or grants must meet the requirements of the Act.

5. *Question*—Under what circumstances will an existing contract become subject to the requirements of the Drug-Free Workplace Act?

Answer—OMB reads the statute to require that if a contract is modified on or after March 18, 1989, in such a manner that it would be considered a new commitment, the requirements of the Drug-Free Workplace Act apply.

6. *Question*—Are contracts awarded with non-appropriated funds subject to the provisions of the Drug-Free Workplace Act?

Answer—No. Only those funds explicitly identified as non-appropriated are excluded from the FAR and, therefore, are not subject to the Drug-Free Workplace Act.

7. *Question*—Are contractors or grantees performing work in Federal facilities required to have Drug-Free Workplace programs?

Answer—Yes.

8. *Question*—Will additional regulations governing suspension and debarment actions be issued as a result of section 5152(b)(2)(B) of the Drug-Free Workplace Act?

Answer—OMB is unaware of any plans to do so.

9. *Question*—How do the provisions of the Drug-Free Workplace Act relate to the provisions contained in section 628 of the Treasury/Postal Service Appropriations Act (Pub. L. 100-440)?

Answer—Section 5159 of the Drug-Free Workplace Act repealed section 628(b) of the Treasury/Postal Service Appropriations Act which, like the Drug-Free Workplace Act, also contained drug-free workplace requirements pertaining to Federal contractors and grantees. Section 628(a) of the Treasury/Postal Service Appropriations Act, which contains drug-free workplace requirements for Federal departments, agencies, and instrumentalities, went into effect January 16, 1989. Several authorization acts contain sections similar to section 628(b). OMB reads the legislative history of these collective acts such that the requirements of those sections may be met by complying with the Drug-Free Workplace Act.

10. *Question*—Do either the Drug-Free Workplace Act or its implementing regulations published today require contractors or grantees to conduct drug tests of employees?

Answer—No.

11. *Question*—What is the status of the September 28, 1988, Department of Defense interim rule detailing drug-free workforce requirements on a select group of contractors?

Answer—The interim rule became effective October 31, 1988, and only pertains to selected Defense contractors and their employees in sensitive positions. Both rules, published in today's Federal Register, implementing the Drug-Free Workplace Act apply governmentwide to Defense *and* other Federal agencies, and cover contractors *and* grantees and their employees in nonsensitive *and* sensitive positions. Only the Defense interim rule requires drug testing.

12. *Question*—Are there any other agency-specific (versus governmentwide) rules with drug-free workplace requirements?

Answer—Not at this time.

Date: January 19, 1989.

Joseph R. Wright, Jr.,
Director.

[FR Doc. 89-2084 Filed 1-30-89; 8:45 am]

BILLING CODE 3110-01-M

Department of Agriculture

7 CFR PART 3017

Department of Energy

10 CFR PART 1036

Federal Home Loan Bank Board

12 CFR PART 516

Small Business Administration

13 CFR PART 145

National Aeronautics and Space Administration

14 CFR PART 1265

Department of Commerce

15 CFR PART 26

Department of State

22 CFR PART 137

International Development Cooperation Agency

Agency for International Development

22 CFR PART 208

Peace Corps

22 CFR PART 310

United States Information Agency

22 CFR PART 513

Inter-American Foundation

22 CFR PART 1006

African Development Foundation

22 CFR PART 1508

Department of Housing and Urban Development

24 CFR PART 24

Department of the Treasury

Internal Revenue Service

26 CFR PART 601

Office of the Secretary

31 CFR PART 19

Department of Justice

28 CFR PART 67

Department of Labor

29 CFR PART 98

Federal Mediation and Conciliation Service

29 CFR PART 1471

Department of Defense

32 CFR PART 280

Department of Education

34 CFR PART 85

National Archives and Records Administration

36 CFR PART 1209

Veterans Administration

38 CFR PART 44

Environmental Protection Agency

40 CFR PART 32

General Services Administration

41 CFR PARTS 101–50 AND 105–68

Department of the Interior

43 CFR PART 12

Federal Emergency Management Agency

44 CFR PART 17

Department of Health and Human Services

45 CFR PART 76

National Science Foundation

45 CFR PART 620

National Foundation on the Arts and the Humanities

National Endowment for the Arts

45 CFR PART 1154

National Endowment for the Humanities

45 CFR PART 1169

Institute of Museum Services

45 CFR PART 1185

ACTION

45 CFR PART 1229

Commission on the Bicentennial of the United States Constitution

45 CFR PART 2016

Department of Transportation

49 CFR PART 29

Governmentwide Requirements for Drug-Free Workplace (Grants)

AGENCIES: Department of Agriculture, Department of Commerce, Department of Defense, Department of Education, Department of Energy, Department of Health and Human Services, Department of Housing and Urban Development, Department of the Interior, Department of Justice, Department of Labor, Department of State, Department of Transportation, Department of the Treasury, ACTION, African Development Foundation, Agency for International Development, Commission on the Bicentennial of the United States Constitution, Environmental Protection Agency, Federal Emergency Management Agency, Federal Home Loan Bank Board, Federal Mediation and Conciliation Service, General Services Administration, Institute of Museum Services, Inter-American Foundation, National Aeronautics and Space Administration, National Archives and Records Administration, National Endowment for the Arts, National Endowment for the Humanities, National Science Foundation, Peace Corps, Small Business Administration, United States Information Agency, Veterans Administration.

ACTION: Interim final rule; request for comments.

SUMMARY: Congress recently enacted the Drug-Free Workplace Act of 1988. This statute requires that all grantees receiving grants from any Federal agency certify to that agency that they will maintain a drug-free workplace, or, in the case of a grantee who is an individual, certify to the agency that his or her conduct of grant activity will be drug-free. This governmentwide rule is for the purpose of implementing the statutory requirements. It directs that grantees take steps to provide a drug-free workplace in accordance with the Act.

DATES: This rule is effective March 18, 1989. Comments should be received by April 3, 1989. Late-filed comments will be considered to the extent practicable.

ADDRESS: Comments should be sent to Docket Clerk, Docket No. 46084, Department of Transportation, 400 7th Street SW., Room 4107, Washington, DC 20590. Commenters are requested to provide an original and four copies of their comments. Commenters wishing to have their comments acknowledged should enclose a stamped, self-addressed postcard with their comment. The docket clerk will time and date stamp the card and return it to the commenter.

FOR FURTHER INFORMATION CONTACT: See agency-specific preambles for the contact person for each agency.

SUPPLEMENTARY INFORMATION: As part of the omnibus drug legislation enacted

November 18, 1988, Congress passed the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D). This statute requires contractors and grantees of Federal agencies to certify that they will provide drug-free workplaces. Making the required certification is a precondition for receiving a contract or grant from a Federal agency.

Requirements pertaining to contractors will be found in a separate interim final rule amending the Federal Acquisition Regulation (FAR; 48 CFR Subparts 9.4, 23.5, and 52.2). This governmentwide common rulemaking concerns only grants (including cooperative agreements). This common rule will be the sole authority for implementing the Act, i.e., there will be no separate agency guidance issued. Because the statute makes use of existing suspension and debarment remedies for noncompliance with drug-free workplace requirements, the agencies have determined to implement the statute through an amendment to the existing governmentwide nonprocurement suspension and debarment common rule. Using this vehicle will allow the agencies to take advantage of existing administrative procedures and definitions, minimizing regulatory duplication.

In a matter unrelated to the Drug-Free Workplace Act, the May 26, 1988, common rule on nonprocurement suspension and debarment (53 FR 19161) contained interim final language concerning coverage of international transactions. The comment period on this language ended July 25, 1988. There were no comments. As a result, the international transactions language will remain unchanged.

Section-by-Section Analysis

The core of the drug-free workplace rule is a new Subpart F, which will be added to the current nonprocurement suspension and debarment common rule. Conforming changes are being made to other affected portions of the nonprocurement suspension and debarment common rule. The title of the part, as well as the authority citations, are being modified to refer to the drug-free workplace requirements being added to the regulation. Section ____.305, which concerns grounds for debarment, is being amended to add violation of drug-free workplace requirements as a ground for debarment.

Section ____.320, concerning the period of debarment, is being amended to conform with the longer period for debarment authorized by the statute for a violation of drug-free workplace requirements. Generally, debarments for other than a violation of the drug-free workplace requirements do not exceed three years. In view of the seriousness with which Congress takes drug abuse, Congress authorized debarments of up to five years for a violation of drug-free workplace requirements.

Subpart F is intended to carry out the Drug-Free Workplace Act of 1988, as it applies to Federal grant programs. Section ____.600, "Purpose," states this intent, indicating the requirement for both individuals and other grantees to make the certification required by the statute.

Section ____.605 includes several definitions. Since Subpart F is part of the suspension and debarment regulation, the definitions of the overall regulation (from § ____.105) apply to Subpart F, except where amended in this section.

The definitions of "controlled substance," "conviction," "criminal drug statute" and "employee" are taken verbatim from the statute. The definition of "drug-free workplace" is also taken directly from the statute, with the word "grantee" used in place of the undefined statutory "entity" in order to ensure terminological consistency throughout the regulation. The term "site for the performance of work" within this definition is not further defined. It is intended that the grantee will determine what the "site for the performance of work" is and specify such in the grantee's certification.

The definition of "grant" is adapted from the definition of this term in the grants management governmentwide common rule ("Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments"). Four points should be highlighted. First, for the purpose of the Drug-Free Workplace Act, grants include block grants and entitlement grant programs, whether or not exempted from coverage under the grants management common rule. Second, nonprocurement transactions entered into under Pub. L. 93-638, the "Indian Self-Determination and Education Assistance Act," are included under the subpart's requirements. Third, the term grant includes *only* assistance from an agency *directly* to a grantee. That is, if a Federal agency provides financial assistance to a State agency, which in turn passes through the assistance to several local agencies, only the State agency that receives the assistance directly from the Federal agency, and not the local agency, gets a "grant."

Consequently, it is only the State agency that is required to make a drug-free workplace certification under the regulation.

Fourth, section 5301 of Subtitle G, Title V of the Anti-Drug Abuse Act of 1988 (Pub. L. 100-690) specifies that "Federal benefits" may (or shall) be withheld, in certain circumstances, from convicted drug offenders. The term "Federal benefit," however, is defined by section 5301(d) to exclude "any * * * veterans benefits," a term which is defined, in turn, to include "all benefits provided to veterans, their families, or survivors by virtue of the service of a veteran in the Armed Forces of the United States." Consequently, it is clear that, under Public Law 100-690, Federal agencies may not deny veterans' benefits to individuals on the basis of actual drug convictions.

Consistent with the intent of section 5301, the agencies have determined that veterans' benefits may not be denied to individuals on the basis of drug abuse which does not result in a conviction for violating a criminal drug statute or on the basis of the individual's failure to certify that he or she will refrain from drug abuse. Consequently, the definition of the term grant specifically excludes "any veterans' benefits to individuals—i.e., any benefit provided to veterans, their families, or survivors by virtue of the service of a veteran in the Armed Forces of the United States."

"Grantee" is defined as a person who applies for or receives a grant directly from a Federal agency. This definition clarifies the statutory definition of this term, which refers to "the department, division, or other unit of a person responsible for section. "Individual" is defined in this section, however, to mean "a natural person." This wording emphasizes that an individual differs both from an organization made up of more than one individual and from corporations, which can be regarded as a single "person" for some legal purposes. An individual who receives a grant directly from a Federal agency (e.g., the individual gets a Federal agency award and grant check made out in his or her name) is covered by this rule, and must make the certification provided for grantees who are individuals, even if another party (e.g., a university) has a purely administrative role in distributing the funds. The agencies intend that a "principal investigator" in a research or similar grant be viewed as an individual only if the grant is awarded directly to the investigator (as distinct from being awarded to a university or other organization).

The § ____.105 definition of "person," it should be pointed out, includes individuals. Since a "grantee" is a "person" who applies for or receives a grant, a grantee may be either an individual or an organization. When context requires, as in distinguishing between the certifications that individuals and organizations must submit, phrases like "grantees, other than individuals" and "grantees who are individuals" are used.

The definition of "Federal agency" or "agency" is taken from 5 U.S.C. 552(f) and is intended to cover a broad range of government entities. In various places in the regulation, "the agency" is used in the context of a particular grantor agency (e.g., § ____.630(a); "each grantee shall make the appropriate performance under the grant." The agencies view the regulatory definition as avoiding confusion among the terms "grantee," "person" and "individual" that might otherwise occur.

At the same time, the use of "grantee" in this regulation is intended to be consistent with the statutory sense of the term. For example, in determining the level of organization at which a sanction should be imposed in case of a violation of the requirements of this subpart, the agencies intend, where appropriate, to focus on the "department, division, or other unit" of the grantee responsible for performance under the grant. For example, if several different organizational units of a State agency receive grants from a Federal agency, and one of the State organizational units violates a requirement of the regulation, sanctions could be imposed on that organizational unit, not on the entire State agency. On the other hand, where it is appropriate, in the context of a particular Federal grant program, to view the entire grantee organization as responsible for the implementation of drug-free workplace requirements under this rule, the entire grantee organization could be subject to sanctions.

As in the definition of "grant," the use of the word "directly" emphasizes that it is only a "prime grantee," and not "subgrantees," who are covered by requirements under this subpart. This is true even when the prime grantee is only an office that passes Federal funds through to subgrantees who actually do the work of the program.

Words like "State" and "person" are already defined in § ____.105, so definitions of these terms are not repeated in this certification to the agency"). In such contexts, the term is not intended to mean Federal agencies in general.

Section § ____.610 applies the provisions of the subpart to any grantee of an agency. The remainder of the suspension and debarment rule applies to suspensions and debarments under subpart F. In the event of any conflict or inconsistency, subpart F provisions are deemed to control with respect to drug-free workplace matters.

Section ____.615 lists the grounds for which sanctions can be imposed. The imposition of sanctions requires a written determination of violation from the "agency head" or designee.

The first ground for which a grantee can be sanctioned is for making a false certification. The second ground is to violate the certification by failing to comply with the requirements of the certification (e.g., an organization that never publishes a drug-free workplace statement).

The third ground for sanctions is that "such a number of employees of the grantee" have been convicted of criminal drug violations occurring in the workplace "as to indicate that the grantee has failed to make a good faith effort to provide a drug-free workplace." This is a standard that must be applied by agencies on a case-by-case basis. The facts and circumstances of grantees and employee drug problems vary so much that it would be virtually impossible to prescribe an across-the-board standard for how many convictions it would take before an agency would find a grantee in violation. It is clear, however, that criminal drug violations by employees not occurring in the workplace would not trigger this determination. Likewise, evidence of drug abuse by employees in the workplace that does not result in criminal convictions would not trigger this determination.

Section ____.620 provides three kinds of sanctions for grantees who are found in violation under § ____.615. The first is suspension (i.e., withholding) of payments under the grant. The second is suspension or termination of the grant itself. The third is suspension or debarment of the grantee. The decision of which sanction or sanctions to apply in a particular case is left to the discretion of the Federal grantor agency. As with other debarments, the debarred grantee is ineligible for any grant award from any Federal agency during the term of the debarment, which may be up to five years in the case of a debarment for a violation of this subpart.

Section ____.625 allows the agency head—but no other official in the agency—to waive a sanction imposed under § ____.620 if the agency head finds the sanction to be not in the public interest. The determination of the "public interest" ground for the waiver is within the discretion of the agency head. The waiver must be in writing.

Section ____.630 establishes what grantees must do in order to receive grants, in light of drug-free workplace requirements. Each grantee shall make the appropriate certification (as set forth in Appendix C) as a "prior condition" of being awarded a grant. This means that the agencies may not award the grant unless the certification has been made. Normally, the agencies would make the certification part of the grant application or proposal process, so that each grantee would make the certification in the process of seeking to obtain the funds.

The agencies are aware that, in some grant programs, there are no formal applications or proposals for funding in which a certification could be included (e.g., formula grant programs in which grantees are entitled to receive Federal funds). Also, as this regulation goes into effect, applications will already have been submitted for some grant programs, and only the actual award has to take place before the grant becomes effective. In both cases, grantees are required to make their certifications before the actual award of a grant can take place.

A grantee is required to make the required certification for each grant. The one exception to this rule is for a grantee which is a State (as defined in § ____.105), including a State agency. A State may elect to make a single annual certification to each agency from which it obtains grants, rather than making a separate certification for each grant or each workplace. Only one such annual certification need be made to each Federal grantor agency, which would cover all of that State agency's workplaces. Consequently, if a State agency receives grants under a number of different programs from the same Federal agency, only one certification, rather than multiple, annual certifications, has to be made to that Federal agency.

Grantees are not required to make certifications in order to continue receiving payments under existing grants. That is, if a grant has been approved and awarded before the effective date of this regulation, the grantee does not have to take any action under this regulation in order to continue receiving payments under the grant. On the same rationale, grantees would not be required to make a certification before a no-cost time extension of an existing grant. The requirements of this rule operate only prospectively.

The text of the certification required to be submitted by § ____.630 is found in Appendix C. There are two different versions of the Appendix C certification. One of them is for grantees other than individuals; the other is for individuals. Grantees must choose the appropriate certification and make it as provided in § ____630.

The Appendix C certification for grantees other than individuals (Alternate I) incorporates the statutory requirements for a drug-free workplace program. These requirements are largely self-explanatory. Grantee's costs incurred specifically to comply with the requirements of subpart F are regarded as allowable costs under the grant. The agencies point out that, under subparagraph (f)(2), employers are not required by the common rule to provide or pay for rehabilitation programs.

The applicable Appendix C certification for grantees who are individuals (Alternate II) provides that the individual will not engage in prohibited practices with respect to drugs in conducting any activity with the grant. Again, this certification simply incorporates the statutory requirement for individual grantees.

Regulatory Process Matters

This rule is a non-major rule under Executive Order 12291. The agencies have evaluated the rule under Executive Order 12612, pertaining to Federalism. The statute requires drug-free workplace certifications to be made by all grantees, including State agencies. The rule does reduce burdens on State grantees by allowing State agencies to elect an annual certification to each Federal grantor agency in lieu of a certification for every grant. For these reasons, the agencies have determined that the rule will not have sufficient Federalism implications to warrant the preparation of a Federalism Assessment.

As a statutory matter, this rule must apply to all grantees, regardless of size. (The statute does provide a shorter, less burdensome certification to be made by grantees who are individuals, however.) Costs incurred by grantees for drug-free workplace programs are directly mandated by statute; the agencies have minimal regulatory discretion in designing this regulation.

This rule contains information collection requirements subject to the Paperwork Reduction Act. The information collection requirements concern employees reporting drug offense convictions to grantees, grantees reporting these convictions to the agencies, and grantees listing the location(s) of their workplace(s) as part of the certification. These requirements have been reviewed and approved by the Office of Management and Budget, with OMB Control Number 0991-0002.

The agencies find that publishing a notice of proposed rulemaking on this matter would be impracticable, unnecessary, and contrary to the public interest, since it would prevent compliance with the statutory deadline (90 days from the statute's date of enactment) for issuance of final rules. This finding is also based on the agencies' view that, given the urgency of implementing appropriate means to combat the nation's serious drug problem, the additional time involved with the publication of a notice of proposed rulemaking would adversely affect the achievement of the national objective established by Congress.

In addition, this rulemaking pertains only to agency grants. For this reason, under 5 U.S.C. 553(a)(2), the rulemaking is exempt from the requirement for prior notice and comment (except for those agencies that do not assert this exemption).

Consequently, this rule is published as an interim final rule. As an interim final rule, this regulation is fully in effect and binding after its effective date. No further regulatory action by the agencies is essential to the legal effectiveness of the rule. In order to benefit from comments that interested parties and the public may make, however, the agencies will keep the rulemaking docket open for 60 days. Comments are invited, on all portions of the rulemaking, through April 3, 1989. Following the close of the comment period, the agencies will publish a notice responding to the comments and, if appropriate, amending provisions of this rule.

Text of the Common Rule

The text of the common rule, as adopted by the agencies in this document, appears below.

PART ____—GOVERNMENTWIDE DEPARTMENT AND SUSPENSION (NON-PROCUREMENT) AND GOVERNMENTWIDE REQUIREMENTS FOR DRUG-FREE WORKPLACE (GRANTS)

§ ____305 Causes for debarment.

* * * * *

(c) * * *

(5) Violation of any requirement of Subpart F of this part, relating to providing a drug-free workplace, as set forth in § ____615 of this part.

* * * * *

§ ____320 Period of debarment.

(a) Debarment shall be for a period commensurate with the seriousness of the cause(s). If a suspension precedes a debarment, the suspension period shall be considered in determining the debarment period.

(1) Debarment for causes other than those related to a violation of the requirements of Subpart F of this part generally should not exceed three years. Where circumstances warrant, a longer period of debarment may be imposed.

(2) In the case of a debarment for a violation of the requirements of Subpart F of this part (*see* ____305(c)(5)), the period of debarment shall not exceed five years.

* * * * *

Subpart F—Drug-Free Workplace Requirements (Grants)

____600 Purpose.
____605 Definitions.
____610 Coverage.
____615 Grounds for suspension of payments, suspension or termination of grants, or suspension or debarment.
____620 Effect of violation.
____625 Exception provision.
____630 Grantees' responsibilities.

Subpart F—Drug-Free Workplace Requirements (Grants)

§ ____600 Purpose.

(a) The purpose of this subpart is to carry out the Drug-Free Workplace Act of 1988 by requiring that—

(1) A grantee, other than an individual, shall certify to the agency that it will provide a drug-free workplace;

(2) A grantee who is an individual shall certify to the agency that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

(b) Requirements implementing the Drug-Free Workplace Act of 1988 for contractors with the agency are found at 48 CFR Subparts 9.4, 23.5, and 52.2.

§ ____605 Definitions.

(a) Except as amended in this section, the definitions of § ____105 apply to this subpart.

(b) For purposes of this subpart—

(1) "Controlled substance" means a controlled substance in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812), and as further defined by regulation at 21 CFR 1300.11 through 1300.15.

(2) "Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine

violations of the Federal or State criminal drug statutes;

(3) "Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use or possession of any controlled substance;

(4) "Drug-free workplace" means a site for the performance of work done in connection with a specific grant at which employees of the grantee are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance;

(5) "Employee" means the employee of a grantee directly engaged in the performance of work pursuant to the provisions of the grant;

(6) "Federal agency" or "agency" means any United States executive department, military department, government corporation, government controlled corporation, any other establishment in the executive branch (including the Executive Office of the President), or any independent regulatory agency;

(7) "Grant" means an award of financial assistance, including a cooperative agreement, in the form of money, or property in lieu of money, by a Federal agency directly to a grantee. The term grant includes block grant and entitlement grant programs, whether or not exempted from coverage under the grants management governmentwide regulation ("Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments"). The term does not include technical assistance which provides services instead of money, or other assistance in the form of loans, loan guarantees, interest subsidies, insurance, or direct appropriations; or any veterans' benefits to individuals, i.e., any benefit to veterans, their families, or survivors by virtue of the service of a veteran in the Armed Forces of the United States;

(8) "Grantee" means a person who applies for or receives a grant directly from a Federal agency;

(9) "Individual" means a natural person.

§ ___.610 Coverage.

(a) This subpart applies to any grantee of the agency.

(b) This subpart applies to any grant, except where application of this subpart would be inconsistent with the international obligations of the United States or the laws or regulations of a foreign government.

(c) The provisions of Subparts A, B, C, D and E of this part apply to matters covered by this subpart, except where specifically modified by this subpart. In the event of any conflict between provisions of this subpart and other provisions of this part, the provisions of this subpart are deemed to control with respect to the implementation of drug-free workplace requirements concerning grants.

§ ___.615 Grounds for suspension of payments, suspension or termination of grants, or suspension or debarment.

A grantee shall be deemed in violation of the requirements of this subpart if the agency head or his or her official designee determines, in writing, that—

(a) The grantee has made a false certificaiton under § ___.630;

(b) The grantee has violated the certification by failing to carry out the requirements of subparagraphs (A.)(a)-(g) of the certification for grantees other than individuals (Alternate I to Appendix C) or by failing to carry out the requirements of the certification for grantees who are individuals (Alternate II to Appendix C); or

(c) Such a number of employees of the grantee have been convicted of violations of criminal drug statutes for violations occurring in the workplace as to indicate that the grantee has failed to make a good faith effort to provide a drug-free workplace.

§ ___.620 Effect of violation.

(a) In the event of a violation of this subpart as provided in § ___.615, and in accordance with applicable law, the grantee shall be subject to one or more of the following actions:

(1) Suspension of payments under the grant;

(2) Suspension or termination of the grant; and

(3) Suspension or debarment of the grantee under the provisions of this part.

(b) Upon issuance of any final decision under this part requiring debarment of a grantee, the debarred grantee shall be ineligible for award of any grant from any Federal agency for a period specified in the decision, not to exceed five years (*see* § ___.320(a)(2) of this part).

§ ___.625 Exception provision.

The agency head may waive with respect to a particular grant, in writing, a suspension of payments under a grant, suspension or termination of a grant, or suspension or debarment of a grantee if the agency head determines that such a waiver would be in the public interest. This exception authority cannot be delegated to any other official.

§ ___.630 Grantees' responsibilities.

(a) As a prior condition of being awarded a grant, each grantee shall make the appropriate certification to the agency, as provided in Appendix C to this part.

(b) Except as provided in this paragraph, a grantee shall make the required certification for each grant. A grantee that is a State may elect to submit an annual certification to each Federal agency from which it obtains grants in lieu of certifications for each grant during the year covered by the certification.

(c) Grantees are not required to provide a certification in order to continue receiving funds under a grant awarded before the effective date of this subpart or under a no-cost time extension of any grant.

Appendix C to Part ___—Certification Regarding Drug-Free Workplace Requirements

Instructions for Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For grantees other than individuals, Alternate I applies.

4. For grantees who are individuals, Alternate II applies.

Certification Regarding Drug-Free Workplace Requirements

Alternate I

A. The grantee certifies that it will provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing a drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

(1) Abide by the terms of the statement; and

(2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

(1) Taking appropriate personnel action against such an employee, up to and including termination; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Alternate II

The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

Adoption of Common Rule

The text of the common rule, as adopted by the agencies in this document, appears below.

DEPARTMENT OF AGRICULTURE

Office of the Secretary

7 CFR Part 3017

FOR FURTHER INFORMATION CONTACT: Julius Jimeno, Chief, Resources Management and Analysis Division, Office of Finance and Management, (202) 382–6982.

ADDITIONAL SUPPLEMENTARY INFORMATION: Any State agency electing to submit an annual drug-free workplace certification to the U.S. Department of Agriculture (USDA), as specified in § 3017.630(b), should forward its certification to: U.S. Department of Agriculture, Office of Finance and Management, Federal Assistance Team, Room 1361, South Building, Washington, DC 20250–0020.

List of Subjects in 7 CFR Part 3017

Grant programs (Agriculture), Debarment and suspension (nonprocurement), Drug abuse.

Title 7 of the Code of Federal Regulations is amended as set forth below.

January 19, 1989.

Peter C. Myers,
Deputy Secretary.

PART 3017—GOVERNMENTWIDE DEBARMENT AND SUSPENSION (NONPROCUREMENT) AND GOVERNMENTWIDE REQUIREMENTS FOR DRUG-FREE WORKPLACE (GRANTS)

1. The title of Part 3017 is revised to read as set forth above.

2. The authority citation for Part 3017 is revised to read as follows:

Authority: E.O. 12549; Sec. 5151–5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100–690, Title V, Subtitle D; 41 U.S.C. 701 et seq.); 5 U.S.C. 301.

§ 3017.305 [Amended]

3. Section 3017.305 is amended by removing "or" at the end of paragraph (c)(3); by removing the period at the end of paragraph (c)(4) and adding "; or"; and by adding paragraph (c)(5) to read as set forth at the end of the common preamble.

§ 3017.320 [Amended]

4. Section 3017.320(a) is revised to read as set forth at the end of the common preamble.

5. Subpart F and Appendix C are added to Part 3017 to read as set forth at the end of the common preamble.

Subpart F—Drug-Free Workplace Requirements (Grants)

Sec.
3017.600 Purpose.
3017.605 Definitions.
3017.610 Coverage.
3017.615 Grounds for suspension of payments, suspension or termination of grants, or suspension or debarment.
3017.620 Effect of violation.
3017.625 Exception provisions.
3017.630 Grantees' responsibilities.

* * * * *

Appendix C to Part 3017 —Certification Regarding Drug-Free Workplace Requirements.

DEPARTMENT OF ENERGY

10 CFR Part 1036

FOR FURTHER INFORMATION CONTACT: Edward F. Sharp, (202) 586–8192.

ADDITIONAL SUPPLEMENTARY INFORMATION: In the Department of Energy's (DOE) implementation of the Nonprocurement Debarment and Suspension common rule, a Subpart F was included providing for additional DOE procedures not included in the common rule. Because the common rule for the Drug-Free Workplace Act makes changes to the nonprocurement debarment and suspension common rule by adding a Subpart F, DOE is amending its version of the common rule to designate old Subpart F as Subpart G and to incorporate the new Subpart F.

DOE joins in the determination by the agencies in the preamble to the common rule that publication of a notice of proposed rulemaking would be impracticable and contrary to the public interest. In addition, pursuant to 42 U.S.C. 7191(c), DOE hereby concludes that an opportunity for oral presentation of comments is not necessary because there are neither substantial issues of law or fact nor likely substantial impacts on the nation's economy or on large numbers of individuals or businesses of which DOE independently could take account consistent with the Drug-Free Workplace Act of 1988.

List of Subjects in 10 CFR Part 1036

Debarment and suspension (nonprocurement), Drug abuse, Grant programs, Copyrights.

Title 10 of the Code of Federal Regulations is amended as set forth below.

Berton J. Roth,
Deputy Assistant Secretary for Procurement and Assistance Management.

PART 1036—GOVERNMENTWIDE DEBARMENT AND SUSPENSION (NONPROCUREMENT) AND GOVERNMENTWIDE REQUIREMENTS FOR DRUG-FREE WORKPLACE (GRANTS)

1. The title of Part 1036 is revised as set forth above.

2. The authority citation for Part 1036 is revised to read as follow:

Authority: E.O. 12549; Sec. 5151–5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100–690, Title V, Subtitle D; 41 U.S.C. 701 et seq.); Secs. 644 and 646, Pub. L. 95–91, 91 Stat. 599 (42 U.S.C. 7254 and 7256); Pub. L. 97–258, 96 Stat. 1003–1005 (31 U.S.C.) 6301–6308.

§ 1036.305 [Amended]

3. Section 1036.305 is amended by removing "or" at the end of paragraph (c)(3); by removing the period at the end of paragraph (c)(4) and adding "; or"; and by adding paragraph (c)(5) to read

CHAPTER IV: SUBSTANCE ABUSE SERVICES

A. INTRODUCTION

The Department of Mental Health and Mental Retardation has the responsibility for the provision of substance abuse treatment services and contracts for these services through the Division of Mental Illness and Substance Abuse Community Programs. Resources appropriated through state and federal programs are allocated through these contractual agreements for services to persons who cannot afford to pay for services on their own or through third party insurance coverage. In terms of priority, the following groups are listed:

1) Intravenous drug abusers (adult or adolescent).
2) Physiologically dependent alcohol or drug abusers as determined by the criteria set forth in the Diagnostic and Statistical Manual (DSM III-R).
3) Persons who are alcohol or drug abusers as determined by the criteria set forth in the Diagnostic and Statistical Manual (DSM III-R).
4) Other less seriously ill alcohol or drug abusers.

B. CLIENT POPULATION

In FY 1986-87, a total of 7,627 persons were served in alcohol and drug abuse programs including both residential and ambulatory types of services. These services are provided either by the community mental health centers (CMHCs) throughout the state or by freestanding alcohol and drug abuse service programs. The following is a distribution of those served in FY 1986-87:

CMHCs — Alcohol Clients	3,114
CMHCs — Drug Abuse Clients	1,594
Freestanding Alcohol Programs	2,131
Freestanding Drug Abuse Programs	788
	7,627

Overall, 70.6% of these clients fall within the 18-39 age group, with less than 2.7% of the total 7,627 clients served being under 18 years of age. While recognizing that many of these individuals are polyabusers (abuse of more than one substance), the data reported indicates that 68.8% have a primary diagnosis of alcohol involvement and 31.2% are drug abuse clients. In terms of age, 66.6% of the alcohol clients fall into the 18-39 age group as contrasted with 79.5% for drug abuse clients.

The following is a breakdown of the clients reported in the system during FY 1986-87 as to race and sex:

SUBSTANCE ABUSE CLIENTS BY RACE

	White	Black	Other
Alcohol Clients	74.5%	25.4%	.1%
Drug Abuse Clients	77.6%	22.2%	.2%
Overall	75.4%	24.4%	.2%

SUBSTANCE ABUSE CLIENTS BY SEX

	Male	Female
Alcohol Clients	76.2%	23.8%
Drug Abuse Clients	59.9%	40.1%
Overall	71.1%	28.9%

C. RESOURCES AVAILABLE

The residential services available in the public sector are provided by community mental health centers and freestanding substance abuse providers. In terms of the type of service provided by each, the categories of (1) alcohol quarterway, (2) alcohol halfway, and (3) drug abuse residential, are utilized for reporting purposes. The following is a listing of the available resources by provider and program type. In addition, the number of beds are further distinguished as to the number of contracted beds (DMH/MR funded) versus the total number of certified beds.

Provider	Program Type	Certified Beds	Contract Beds
Riverbend MHC	Quarterway	12	12
Alcoholism Recovery Ser.	Quarterway	32	30
Cheaha MHC	Quarterway	16	12
West AL MHC	Quarterway	14	12
Comprehensive Alcohol Program	Quarterway	24	23
Mobile Salvation Army	Quarterway	17	15
South Central AL MHC	Quarterway	16	14
Wiregrass MHC	Quarterway	26	23
Marshall-Jackson MHC	Quarterway	20*	16
SUBTOTAL		177	157
Lighthouse of Cullman	Halfway	12	11
Pathfinder	Halfway	11	10
St. Anne's Home	Halfway	18	15
Birmingham Fellowship House	Halfway	47	38
CED Fellowship House	Halfway	26	19
Anniston Fellowship House	Halfway	20	16
Phoenix House	Halfway	23	18
Lighthouse of Tallapoosa Co.	Halfway	17	14
Comprehensive Alcohol Program	Halfway	21	21
Mobile Salvation Army	Halfway	33	11
Wiregrass Inc.	Halfway	10	9
Marshall-Jackson MHC	Halfway	15*	14
SUBTOTAL		253	196
Aletheia House	Drug Abuse	12	12
The Bridge	Drug Abuse	50	46
SUBTOTAL		62	58
TOTAL SUBSTANCE ABUSE RESIDENTIAL BEDS		492	411

The following chart depicts the number of service days (or service hours) reported by the public residential programs described previously, as well as outpatient services provided by community mental health centers and other freestanding substance abuse programs.

SUBSTANCE ABUSE TREATMENT RESOURCES AVAILABLE

8-15-1988

Age Group	Individ Therapy	Group Therapy	1/4 Way	1/2 Way	Methadone	Drug Resid	Day Treat	Day Act
Children	80	86	0	79	0	6	0	0
Adolesc	451	225	86	28	0	1272	86	0
Adults	16367	11815	48420	70403	3429	18411	3644	2037
Elderly	1861	144	537	658	33	0	27	0
Total	18759	12270	49043	71168	3462	19689	37657	2037
Cost/Unit	70	35	56	22	70	56	36	
Total Costs	$1,313,130	$429,450	$2,746,408	$1,565,696	$242,340	$1,102,584	$135,252	$7,534,860

The above cost figures are merely estimates of the expenditures for substance abuse services throughout the various treatment modalities. During FY 1986-87, a total of $7.8 million (3.6% of the Department's overall budget), was budgeted for alcohol and drug abuse services that are contracted through the Department. Approximately 65% of the contracted dollars are from federal sources and 35% from state funds.

D. IDEAL SERVICE SYSTEM — NEEDS

1. Prevalence Rates

A multitude of studies of alcohol and drug abuse prevalence have estimated that 7-10% of the adolescent and adult population have significant substance abuse problems which affect the individual's family, work, health and personal life.

A 1983 NIMH study revealed that up to 13.6% of adults have experienced clinically significant alcohol abuse or dependence in their lifetime — setting alcohol abuse and/or dependence as the most prevalent lifetime disorder of all forms of mental disorders.

With regard to point in time prevalence estimates, the recently released NIMH epidemiological survey conducted in three major metropolitan areas in the country, found that approximately 5% of the adult population can be diagnosed as having alcohol abuse problems, and 2% having drug abuse problems — a combined total of 6.4% having substance abuse problems. Utilizing that prevalence rate against an estimated 1988 Alabama population of 4,195,581, a total of 268,517 individuals will have a substance abuse problem. This figure does not, of course, distinguish what proportion will require treatment, nor does it address the issue of severity of illness. Finally, the use of an overall prevalence figure does not delineate those who would or should be served by the public sector.

2. AEDS

The Alcohol Epidemiological Data System methodology incorporates into a statistical based model, those factors which appear to have some ability to predict the scope of the problem and the need for treatment resources.

In brief, the methodology used the Chronic Health and the Alcohol Casualty Indices as reported in the County Alcohol Problems Indicators and the utilization figures reported by the National Drug and Alcoholism Treatment Survey (NDATUS). The Indices used are derived from statistical data reported for each county of the state and includes the following factors:

1) **Chronic Health Index (Mortality Rates)**
   a) Liver Cirrhosis
   b) Alcoholic Psychosis
   c) Alcoholism
   d) Alcohol Poisoning
   e) Homicide
2) **Alcohol Casualty Index**
   a) Highway Fatalities
   b) Suicide
   c) Alcoholism

The NDATUS utilization data was collected in each of the seven modalities:

1) **Inpatient**
   a) Medical Detoxification
   b) Social Detoxification
   c) Rehabilitation
2) **Outpatient**
   a) Custodial Domiciliary
   b) Ambulatory
   c) Limited Care
   d) Outpatient

The AEDS methodology can be aggregated in a number of ways (i.e., by county, region, or statewide). The methodology recommended that planning for the largest geographic area tends to produce predictions with a greater degree of reliability. For residential quarterway types of services, the model yielded a number of 1,399 patients that might be expected to be in treatment on any one given day. In terms of halfway types of services, which it referred to as "Custodial Domiciliary", the model predicted 377 clients on any given day. Finally, for outpatients the model reflected a monthly admissions rate of 6,929 admissions. It is important to remember, however, that these predictions include all treatment settings — both public and private providers. Nonetheless, this statistical model echoes those figures purported by other estimation techniques; that the potential size of the problem may be many times larger than the numbers currently demanding services.

If one assumes that the national prevalence figures can be applied directly to the Alabama population, the next question is, "What proportion of the 200,000 substance abusers in the state will need services and will require such services by the public sector — programs supported through the Department of Mental Health and Mental Retardation?" One approach to such a question might be to use national data supplied by publicly supported programs. The National Association of State Alcohol and Drug Abuse Directors conducted a detailed survey of the 50 states and the District of Columbia, Puerto Rico and the Virgin Islands, and reported that there were 881,193 alcohol related admissions for non-hospital treatment and 367,866 drug abuse admissions to residential facilities and outpatient programs. If one again assumes that a ratio of the admission numbers to the total U.S. population can be applied to an individual state such as Alabama, then one could expect a level of 20,978 based upon a rate of 525 per 100,000. However, caution should be exercised in the interpretation of this figure, since it has many potential deficiencies in its derivation and it does not speak to the severity of illness or functional level of the substance abuser.

3. Leff Resource Allocation Model

In order to determine the relative frequencies of the levels of functioning of clients, a research project to develop a resource allocation model was conducted in 1986. In summary form, the overall components of the project involved:

- — Client Functional Level Scale Development
- — Survey of Clients in the System
- — Service Configuration Development
- — Estimates of Treatment Effectiveness (transitional probabilities)
- — Costing of Services

a. Functional Level Scale

The functional level scale devleoped by the committee included the following levels:

- — Medical/Mental Health Emergency
- — Severe Dysfunction
- — Marked Dysfunction
- — Moderate Dysfunction
- — Mild Dysfunction
- — System Independent

Definitions of these functional level scales can be found in Table 1, Appendix C.

b. Survey of Clients in the System

A survey of the community mental health centers and the freestanding substance abuse programs was conducted based upon a sample of case numbers drawn from the computerized data base maintained by the Division of Mental Illness and Substance Abuse Community Programs.

This survey included the completion of a data form on the sampled clients who were currently in the service system, and on clients who arrived (admitted to the system) over a month's period of time. The following chart reflects the distribution of clients by their functioning level.

Functional Level	Currently Served	At Admission
1	1.4%	.9%
2	9.1%	15.2%
3	26.7%	42.4%
4	29.6%	21.3%
5	26.3%	19.3%
6	7.0%	.9%
	100%	100%

c. Service Configurations Development

The third task involved the development of service configurations for each of the functional levels. These configurations were referred to in the study as "Service Package Options" and included specified amounts of services, considering the following array of services:

Residential
Short Term (Quarterway)
Long Term (Halfway)
Three Quarter Way
Hospital Shelter
Residential Detoxification
Independent Living

Treatment/Support
Assessment
Outpatient Counseling
Outpatient Detoxification
Lab Testing
Medication Check
Day Treatment
Substance Abuse Education
Case Management
Recreation Therapy
Self Help Group/Social Club
Family Education
Transportation Family Counseling

Rehabilitation Education
Vocational Rehabilitation
Education

Definitions for these services as well as the proposed service configurations for each functional level can be found in Table 2 in Appendix C.

d. **Estimates of Treatment Effectiveness**

A major component which established the means by which a client progresses (or regresses) through the proposed service system services, is this concept of transitional probabilities. In essence, these "TP's" represent the probability that a client will move from one functional level to another level, based on the service(s) prescribed in the service package options.

With this data, the computer simulates the length of time and the amounts of services needed to move a client through the continuum of care and ultimately to the system independent functioning level.

e. **Cost of Services**

The project utilized the current cost data available for each of the services when such a service existed. For those services which do not exist, estimates were employed. **This process of determining costs revealed the relative inadequacies of the cost data and the need for the system to undertake a major costing project to identify what costs "should" be versus the existing cost levels.** Such a costing project would necessarily involve a further definition of the essential components to provide a given service (i.e., staffing levels, physical plant considerations, program size, etc.)

The following chart provides a projection of the needed services and the corresponding costs derived by applying the ideal service system (generated by the computer simulation model) to the demand reflected in the client served and admission rates. This chart assumes that any prediction of fewer needed residential resources must first be discounted until such time as the remaining continuum is in place and operational. Consequently, the number of existing quarterway beds contracted through DMH/MR is superimposed on the model and reflected in the results. In summary, the model predicts a service system serving the current level of demand (approximately 7,500 clients) costing an estimated $13,664,061. However, before this figure can be used in any meaningful fashion, a figure representing the current level of available resources must also reflect the amounts from client fees, local governmental agencies and other supporting agencies/organizations (including thirty party payors). Secondly, this figure does not provide an adequate representation of service costs or units if the substance abuse system is restructured to serve only the most severely disabled/addicted individuals.

4. **Targeted Services**

In keeping with the general direction of the Department's intention to serve the most severely disabled individuals, the Planning Committee recommended that state and other funds which flow through the Department be targeted to the most severely disabled substance abuse population — the addicted. In terms of dysfunction, this recommendation would encompass only those clients who fall into the first three functional-level categories of the Leff Resource Allocation Model. These categories are:

a. **Medical/Mental Health Emergency**

Substance dependency/abuse with medical or mental health emergency. Requires acute medical and nursing or mental health intervention, and/or supervision to prevent hurting self or others.

SUBSTANCE ABUSE SERVICE NEEDS AND PROJECTED COSTS

9-15-88

	Short Term (Beds)	1/2 Way (Beds)	Hospital (Beds)	Shelter (Beds)	Res. Detox (Beds)	Ind. Living (Beds)	Assess
Cost Per Unit	$56	$22	$0	$0	$100	$0	$70
Units Required	204	265	6	5	34	816	2,282
Total Cost	$4,169,760	$2,127,950	$0	$0	$1,241,000	$0	$159,740

	Outpat (Hours)	Outpat Detox	Lab Test	Med Check	Day Tx	S.A. Education	Case Manage
Cost Per Unit$45	$10	$20	$10	$12	$30	$30	
Units Required	20,040	175	17,702	2,452	959	1,482	15,957
Total Cost	$901,800	$1,750	$354,040	$24,520	$2,992,080	$44,460	$478,710

	Rec. Therapy	Self Help	Family Education	Family Counsel	Trans.	Voc. Rehab	Education	Total Costs
Cost Per Unit	$0	$0	$30	$45	$3	$0	$0	
Units Required	19,564	107,305	13,659	12,986	58,037	279,191	13,795	
Total Cost	$0	$0	$409,770	$584,370	$174,111	$0	$0	$13,664,061

b. **Severe Dysfunction**

Unable or unwilling to function in almost all areas; isolated from natural support systems (e.g. can be incoherent, unresponsive, or act inappropriately, is usually unemployed or expelled from school or has dropped out; is isolated from family and friends who are not substance abusers; is frequently involved in illegal behaviors). Is preoccupied with substance. A person in this category usually has severe physical dependency and experiences severe withdrawal symptoms. Usually requires detox and/or medical care under frequent supervision, moderate staff to client ratio, and controlled access facility.

c. **Marked Dysfunction**

Major dysfunction in some or all areas; minimal contact with natural support system (e.g. is likely to be unemployed or underemployed or at risk of being expelled or dropping out of school; relationship with family is seriously impaired by frequent arguments, explosive anger, or inability to carry out plans or meet commitments; associates with other substance abusers; is occasionally involved in illegal behaviors). Is preoccupied with substance. Has moderate physical dependence or severe abuse. Experiences some withdrawal symptoms. Usually requires daily structure (e.g. day treatment, outpatient contact, residential program, methadone treatment, vocational rehabilitation services, or self-help services).

Operationally, such a policy and service direction would require translating the above functional level descriptions into the diagnosis and assessment process at the local program level. In addition, the reporting system would have to be modified to reflect this change in contracting and reimbursement criteria.

As previously shown, the percentage of clients in the treatment programs which fall into these functional levels, at the time of the Resource Allocation Project survey was only 37.2%; while the data gathered on clients at admission reflected that 58.5% were in functional levels 1, 2, or 3.

E. PREVALENCE OF ADOLESCENT SUBSTANCE ABUSE

Prevalence data for substance abuse among adolescents in Alabama is scarce. Two national surveys are regularly conducted which identify prevalence rates for drug use in adolescents. These are the National Household Survey on Drug Abuse, and a national survey of high school seniors (available for 1986). Evidence from both surveys showed increasing drug use from the early 1970's through 1979 among adolescents. Through the early 1980's these surveys generally showed a reversal of the upward trend. The decline in drug use continued in 1986, with the exception of cocaine use — which showed an increase to 4.4% of the population, ages 12-17, who indicated use in the past year. Among high school seniors, the percent of those who had ever used cocaine was 16.9%. The overall rate of high school seniors who had ever used an illicit drug was 57.6%. Cocaine was rated as fairly easy or easy to get by 51.5% of the 1986 high school seniors, which was an increase of 2.6% over 1985, and the highest percentage reported since 1975. The high school senior group also reported the highest proportion of frequent exposure to cocaine use (7.8%) since 1975.

The Leff planning model used in the substance abuse plan for Alabama currently does not differentiate needs and resources by age groups. During FY 1989 the Department's substance abuse planning committee will specifically review adolescent substance abuse issues. It is intuitively known that additional services are needed for adolescents in Alabama. The department hopes to increase residential and day programs for this population. Through planning efforts, specific needs will be identified and plans will be developed to address these needs.

F. AIDS AND METHADONE TREATMENT NEEDS

Methadone treatment is a growing concern of not only the patients involved but also the lawmakers and taxpayers of Alabama. The concern stems from the controversial issues which surround Methadone treatment and its purported effectiveness, as well as the advent of the AIDS epidemic.

One of the major benefits of Methadone treatment involves AIDS. Studies have shown that IV drug users are the second largest risk group for AIDS and they are believed to be the primary source of transmission of the disease to newborns and to the heterosexual nonaddicted population. These two facts alone clearly dictate that to contain the spread of this disease, every effort must be made to give the intravenous drug addict the opportunity for an immediate treatment alternative. Through Methadone treatments, these patients will discontinue use of intravenous drugs thereby curtailing the spread of AIDS. In addition, IV drug users undergoing Methadone treatment will be easier to educate about the risk of AIDS than those not undergoing treatment. For many, Methadone is an appealing, low cost treatment with only temporary side effects and is effective in the reduction of crime, increased employment, but more importantly, allows the patient to return to a normal life with stable family and social relationships. Another benefit of Methadone treatment is it avoids the medical complications that go along with IV drug use. Finally, Methadone is also being used more and more in the dual treatment of alcoholics who are also in IV drug abuse treatment. There appears to be no harmful effects of treating both simultaneously. Since alcoholism sometimes accompanies drug addiction it seems illogical to treat one while not treating the other and Methadone maintenance makes this possible.

Although there are positive aspects of Methadone treatment, there are also the negative aspects. One important position is the moral dilemma. While freeing the patient of one addictive drug they are introducing them to yet another, although not as dangerous, drug. Another important position is the availability of treatment centers. Since Methadone requires a patient to be treated every day, this necessitates facilities within driving distance of anyone desiring treatment. This could require new centers to be constructed with taxpayers footing the bill. The question also arises of how much and how long should the taxpayers be required to pay for a patient's treatment. Should it be fully supported financially by the state? Unfortunately, there is no long term data (at least 10 years) available to determine the treatment results over such a long time and no data on the optimum length of stay. Lack of this data could allow a patient to use the drug indefinitely, when they could be drug free.

In the New England Journal of Medicine, Dr. Robert G. Newman of the Beth Israel Medical Center in New York contends that this issue has been viewed from many different perspectives, but not from the view that the treatment is "first and foremost a medical response to a medical problem":

> "In keeping with the initial appeal of Methadone maintenance as a means of controlling social deviance, government regulatory agencies, funding sources, and the programs themselves seem unable to accept the goal of dealing 'merely' with the medical problems — heroin use and the persistent tendency toward recidivism that follows abstinence."

The effectiveness of Methadone maintenance programs has traditionally been measured by the number of patients who are no longer receiving treatment. The relative merits have been argued for years — yet, until just recently, such discussions have not included the potential prevention of AIDS and the education of persons in the second highest "risk group."

If Methadone maintenance is viewed as one more response to other efforts to prevent the spread of AIDS among the risk group, then several policy issues must be examined as a proposed program is designed. Some of these issues include:

1. Client Participation in Program Costs
2. Treatment Philosophy Relating to Abstinence
3. Drug Free Outpatient Treatment
4. Dosage Levels Over Time
5. Private Physician Treatment and Maintenance

G. SUBSTANCE ABUSE GOALS AND OBJECTIVES (1989-1993)

1. Expand treatment services so that all addicted substance abusers who seek help in the state have equal access to a full range of substance abuse services.
    a. Expand substance abuse services statewide to double the current capacity to serve addicted substance abusers.
    b. Request additional state funding consistent with targeted services to improve the proportion of state dollars to federal dollars.
    c. Develop a strategy and promote efforts to convince the state legislators and other decision makers about the pressing need to substantially increase financial resources for substance abuse treatment services.
    d. Establish an improved methodology for identifying those addicted substance abusers most in need of state supported services.
2. Determine appropriate costs for substance abuse services for budgeting, contracting and planning purposes by July of FY 1989.
    a. Design a cost analysis project to examine and develop (1) appropriate costs for each service category and (2) reimbursement mechanisms for contractual purposes.
    b. Select a task force to conduct the cost analysis project incorporating the use and participation of external expert(s).
3. Develop a systematic five year plan for the development of a treatment, education, and prevention system for adolescents for inclusion in the 1990 Plan Update.
    a. Form a task force to include persons with expertise in the adolescent treatment field.
    b. Design a community-based continuum of care for the treatment of adolescent substance abuser to facilitate family involvement in treatment.
    c. Develop a detailed five year funding plan including specific strategies for budget requests, grant applications, and other potential funding mechanisms.

4. During FY 1989, develop a Departmental strategy to address the impact of the AIDS problem, especially with respect to the treatment of the intravenous drug abuser.
    a. Appoint a task force to explore the issues of staff training and education, treatment strategies for persons in the high risk groups, testing, screening, and prevention.
    b. Assess the overall impact of the AIDS problem in Alabama as related to substance abuse services and client population.
    c. Develop recommendations for policy direction and planning.
5. Improve the visibility of the substance abuse treatment system as a major component of the mental health system.
    a. Study the feasibility of establishing a distinct organizational unit for substance abuse service with an administrator on par with the mental illness and mental retardation units.
6. Develop primary prevention strategies aimed at preventing users from becoming substance abusers and for selected high risk populations.
7. Examine the interrelationships of substance abuse and the criminal justice system and the need for treatment services.
    a. Develop a statewide strategy, in conjunction with law enforcement agencies, to better serve substance abusers.
    b. Identify the need for and seek interagency cooperative agreements for the provision of services and continuity of care.
8. Study the feasibility of transferring the existing institutional alcohol treatment resources to community-based treatment.

H. FUNDING PRIORITIES FOR FY 1990

1. Assumptions

The funding priorities for FY 1990 were developed within the following assumptions:

a. Federal Drug Abuse Funding

At the time the planning committee addressed the needs and funding issues for the FY 1989-90 budget request, it appeared that additional dollars (perhaps significant) would be appropriated at the federal level for expanded drug abuse services, with emphasis on treatment of the IV drug abuser. Consequently, the funding priorities for requesting state dollars was done in anticipation of these federal drug abuse funds.

b. Most Severely Disabled

As referenced in the needs section of this chapter, the substance abuse planning committee is recommending that state resources be used for services to the most severely addicted substance abusers as indicated in the first three functional levels in the resource allocation model (i.e., Medical Emergency, Severe Dysfunction and Marked Dysfunction). Consequently, the funding priorities were developed to be consistent with this new concept of state funding being utilized to serve the most severely handicapped.

2. State Funding Priorities

a. Residential Service Funding

The current number of contracted residential beds will be utilized with top priority being the most severely addicted individuals. The funding of these beds will be raised to $47.60 for quarterway beds and $18.70 for halfway beds. The amount of increase over existing reimbursement rates is $9.10/day per contracted bed for quarterway and $2.90/day per bed for halfway programs:

$9.10 x 365 days x 199 beds	= 660,978
$2.90 x 365 days x 183 beds	= 193,705
Total	$854,683

b. Continuation of Programs

c. Development of (2) New Drug Abuse Long-Term Residential Programs

d. Operational Funding For (2) Adolescent Short-Term Residential Programs

This Funding priority will provide the operational dollars associated with two of the five adolescent residential programs specified in the capital construction plan.

e. Increase Residential Detoxification Rates and Expand Capabilities

This recommendation would include increasing the level of operational funding for the detox beds at the two existing residential programs at Alcoholism Recovery Services (ARS) in Birmingham and The Haven in Dothan. It would provide operational funding for an additional ten (10) detoxification beds in Mobile for alcohol and drug abusers.

f. Operational Funding for (2) Adolescent Day Treatment Programs

3. Enhance the quality of client services through adequate orientation, in-service training, and continuing education programs.
   a. Improve the preparation of newly hired employees at the institutional and community level through minimum orientation and in-service training requirements.
   b. Encourage the establishment of agencies' certification and licensing standards to include orientation and in-service curriculum requirements which are service specific.
   c. Based upon needs assessments, develop a departmental training and education plan.
   d. Develop training curriculum for substance abuse service personnel on identified screening, treatment, and prevention issues relating to Acquired Immunodeficiency Syndrome (AIDS).
   e. Promote the development of policies regarding essential management and supervisory training programs with minimum requirements.
   f. Working with universities and other educational organizations, provide continuing education programs consistent with quality client services and sound administrative practices.

I. SUBSTANCE ABUSE PLANNING COMMITTEE MEMBERS

Mary Lee Rice
Director of Mental Illness and
Substance Abuse Community Programs

Dr. Jim Dill
Executive Director
Alabama Council for Community Mental Health

Chris Retan
Executive Director
Aletheia House

Foster Cook
Director
UAB Substance Abuse Programs

Jim Swoager
Executive Director
Fellowship House

Alice Harbin
Executive Director
Regional Alcoholism Council

James Pounecy
Associate Commissioner for MI

Sara Harkless
Executive Director
Alcoholism Recovery Services

Tim Naugher
Executive Director
"The Bridge"

Larry Williams
Division of Mental Illness and Substance
Abuse Community Programs

John Houston
Assistant to Associate Commissioner
for Administration and Personnel

Senator HEFLIN. Thank you. Since we are in the State capital, I will ask Miss Scanlan if she will go ahead and testify next.

STATEMENT OF SHIRLEY SCANLAN

Ms. SCANLON. Thank you. Senator Heflin, members of the committee, and staff, I, too, appreciate the opportunity to address this problem from the perspective of the Department of Human Resources.

As you may know, one of the functions of the Department of Human Resources is to work with Alabama's families that have been reported to abuse or neglect their children.

Although we do not have statewide statistical information on the number of parents who abuse their children, that are also involved in drug abuse, we do know, from our front-line social workers, that what they are observing is a drastic increase in the number of families with both child and drug-abuse problems.

In 1988, 22,579 families in Alabama were reported to have abused or neglected their children. This represents a total of 35,616 children. Alcohol abuse has long been associated with abusive and neglectful parents.

What our social workers are now observing is an ever-increasing number of the parents who are also involved in other forms of drug abuse.

For example, in Jefferson County, during the fiscal year of 1987 and 1988, 400 parents or caretakers who were before juvenile court on a child abuse and neglect matter were also determined to have a significant drug-abuse problem.

Considering that the majority of the Department's cases of child abuse and neglect do not even reach the attention of the courts, and the fact that these 400 parents or caretakers would well represent over 800 children, in addition, that this only represents one county in Alabama, we feel that this number is truly significant.

In Mobile County, during a 3-week period earlier this year, one protective service unit of social workers placed 21 children in foster care. Of these 21 children, 17 of the placements were directly related to the child's caretaker being unable to provide care due to drug abuse.

Mobile's social workers estimate that 80 to 90 percent of their cases of child abuse and neglect also have drug abuse present. This information is not to be interpreted that drug abuse is the primary cause of child abuse and neglect.

There are many factors which cause one family to abuse and others not to abuse. What we do know is that drug abuse is present in the high percentage of these cases.

In addition, when families exhibit both child abuse and drug abuse problems, both of these problems must be treated simultaneously to ensure the safety of the child. However, breaking that dependency of drugs is the critical first step in creating an environment which allows for the development of a healthier child-parent relationship.

When a parent is unable, or is unwilling, or the service is not available to end their drug abuse, very little can be done to improve their parenting skills. Sadly, adequate resources for treatment of drug abuse are lacking.

As long as the problem of drug abuse escalates, it is anticipated that number of child abuse and neglect reports will also increase. Thank you.

[The prepared statement of Ms. Scanlan follows:]

Board of Directors

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State of Alabama
Department of Human Resources

64 North Union Street
Montgomery, Alabama 36130

Andrew P. Hornsby Jr.
Commissioner

April 27, 1989

TO: The Senate Judiciary Committee Subcommittee on Courts and Administrative Practice

The Department of Human Resources works with Alabama's families that are reported to abuse or neglect their children. Although, we do not have statewide statistical information on the number of parents who abuse their children that are also involved in drug abuse, we do know that our frontline social workers are observing a drastic increase of families with child and drug abusive problems.

In 1988, 22,579 families were reported to have abused or neglected their children. This represents a total of 35,616 children. Alcohol abuse has long been associated with abusive/neglectful parents. What our social workers are now observing is an ever increasing number of parents who are also involved in other forms of drug abuse. In Jefferson County during the fiscal year 1987-1988, 400 parents or caretakers who were before Juvenile Court on child abuse and neglect matters were also determined to have a significant drug abuse problem. Considering that the majority of the Department's cases of child abuse or neglect do not reach the attention of the courts, that these 400 parents would represent well over 800 children and that these caretakers represent only one county in Alabama, this number is truly significant.

In Mobile County during a three week period earlier this year, one protective service unit of social workers placed 21 children in foster care. Of these 21 children, 17 of the placements in foster care were directly related to the child's caretaker being unable to provide care due to drug abuse. Mobile's social workers estimate that in 80% to 90% of their child abuse or neglect cases, drug abuse is also present.

This information is not to be interpreted that drug abuse is the primary cause of child abuse or neglect. There are many factors which cause some families to be abusive and others not. What we do know is that drug abuse, either alcohol or chemical, is present in a high percentage of child abusive or neglectful families.

When families exhibit child and drug abuse problems, both problems must be treated simultaneously in order to insure a child's safety. However, breaking the drug abuse dependency is the critical first step in creating an environment which allows for the development of a healthier parent-child relationship. When parents are unable or unwilling to end their drug abuse, very little can be done to improve parenting skills. Sadly, adequate resources for treatment of drug abuse are lacking. As long as the problems of drug abuse escalate, it is anticipated that reports of child abuse and neglect will continue to increase.

Shirley Scanlan, Consultant

Division of Family and Children's
Services
Office of Protective Services

Senator HEFLIN. Thank you. We are delighted to have Dr. Martha Barton, Assistant State Superintendent for Instructional Services. Dr. Barton.

STATEMENT OF DR. MARTHA BARTON

Dr. BARTON. I am going to summarize, very briefly, the comments that I have submitted in writing, and suggest to you that from a State policy standpoint we would not be looking to the Federal Government for funds to do what I think needs to be done at the State and local level, with reference to drug education.

I do suggest to you that the level of the public debate about the drug problem needs to be raised, in my judgment. It is more than a social problem; it is more than an addiction problem; it is more than an enforcement problem. In my judgment, it is a problem that goes to the heart of our national security.

When children and youth are enticed to become addicted to drugs, their productivity as adult citizens will be severely hampered. Our economy will, therefore, be jeopardized.

I see it in no less serious terms as that, and I think when the public begins to hear it talked about in those terms, we may get more response than we have gotten thus far. I do not think that is an overstatement.

My major interest is in education. Drug education will be most effective when it occurs in the context of comprehensive health education, where we are trying to promote the development of healthy children and youth—physically, emotionally, psychologically, socially.

When children and youth do exhibit such good health behaviors, they are not likely to be enticed to try drugs. They are more likely to say no, and they are very likely to be positive peer-support systems for their peers who may not be as healthy.

I do think that persons such as yourself can help to call attention to the role that health education has to play, because the drug abuser in the year 2002 is in the first-grade classroom today, and whether he, or she, might become a user may well be a function of how well we do that job today.

I do think that it might be possible that, as a matter of public policy, local governments and State governments can be required to have comprehensive health education as a prerequisite to participating in some funding programs that might not exist, or that might come down the pike in the future. In essence, those are the two messages I came here to share with you today.

[The prepared statement of Dr. Barton follows:]

SENATOR HOWELL HEFLIN'S FIELD HEARING ON THE DRUG PROBLEM

UNITED STATES COURTHOUSE
MONTGOMERY, ALABAMA

APRIL 27, 1989

TESTIMONY OFFERED BY:

MARTHA BARTON
ASSISTANT STATE SUPERINTENDENT FOR INSTRUCTIONAL SERVICES
ALABAMA STATE DEPARTMENT OF EDUCATION

Senator Heflin, I appreciate this opportunity to comment on an already significant problem in our society, and one which appears to grow worse with each passing day. I commend you for giving your constituents the opportunity to be heard.

My interest is in drug education, and it is in that area that I will direct most of my comments. However, I have a couple of observations about law enforcement, clearly from a lay person's viewpoint. First, states should be encouraged to enact laws imposing the strongest possible penalties against any person selling or otherwise providing addicting drugs to minors. And, where such drugs are provided to young children --elementary age-- I can think of no penalty too harsh. Enticing young children and youth to become addicted to drugs is analogous to murder, for such addiction most assuredly kills the human spirit. Second, severe penalties for drug sale and other transmission to children and youth are in the national interest. Today's school-age population represents a sizable portion of the tax-paying workforce until the mid 21st century. Limiting their ability to be productive citizens threatens our economic survival and our national defense. In this context, one would have to say that those who provide drugs to America's children and youth are a threat to our national security. In my judgment, public debate about the drug issue should be couched in such terms, from the highest levels of government to the smallest town meeting. I don't believe that most of our citizens yet perceive the drug problem to be as significant as I have chosen to describe it. Until that awareness develops, I don't think we will enjoy great success in overcoming this problem. I urge you to use your position to advance that awareness.

Enforcement is important; perhaps we need more of it. Certainly, we need to be both more effective and more efficient. However, enforcement alone is not the solution. As a practical matter, the supply line is not going to be shut down. We will not be successful in keeping people from getting that which they are determined to have. Our best solution, then, is a reduction in demand. Quality education is the force most likely to effect a reduction in demand. The key is quality education, not just "drug education."

Educators learned some serious but important lessons from the emphasis on drug education of approximately 20 years ago. While our motives were proper, there were some unfortunate unintended consequences. We gave students lots of information, in the mistaken belief that information alone would lead to either changing behaviors or avoiding the establishment of behaviors of drug use. In some instances, the information-in-isolation method apparently evoked curiosity to experiment with drugs. Also, we know, now, that waiting until students are in high school is too late. Attitudes already are developed; and, behaviors of use already may be established. It is far more difficult to change attitudes and/or behaviors than it is to influence the development of such positive attitudes and behaviors in earlier years. I am encouraged that, this time around, education efforts generally are more promising. My encouragement comes from the growing emphasis on comprehensive health education, which begins at kindergarten and continues each year thereafter.

Drug education will be most effective when it is done in the broader context of comprehensive health education where the goal is a student population that is healthy physically, mentally, socially, and emotionally. Among other things, good physical health requires that students be physically fit, practice good nutrition, and value and protect their bodies. Drug use violates all of these requirements. Among other things, good mental health requires a respect for one's self and others, an application of one's abilities to problem solving, and a continuing quest for knowledge. Drug use violates all of these requirements. Among other things, good social health requires communication and interactions of quality with family, friends, acquaintances, and others; it requires the development of mutually satisfying relationships; it requires a consciousness of one's role and responsibility in the larger society. Drug use inhibits one's effectiveness in all of these areas. Among other things, good emotional health requires a positive self-esteem, an awareness of one's strengths and weaknesses, a capacity to reject behaviors without rejecting the person, and the courage to make and stand by responsible decisions. Drug use violates all of these requirements. Drug education, within comprehensive health education, does have a knowledge base, i.e., there is content to be studied. But beyond content, within comprehensive health education there is an interwoven and repetitive emphasis on developing attitudes and patterns of behavior which reflect good health practices. In this context, healthy students are more likely to resist the temptation to experiment with drugs. Healthy students have the courage to say NO. Healthy students are more likely to be a peer counseling and support source for their less healthy peers.

"Comprehensive health education" doesn't grab the public's attention as does "drug education." Perhaps you and others at the national level can assist to draw to the public's attention the important role comprehensive health education will play in reducing the demand for drugs by children and youth. Perhaps you and your colleagues can influence state policy to support -- even require -- comprehensive health education. Perhaps adequately funded comprehensive health education at the state or local level might be a requirement in order to participate in some federally funded projects. Or, perhaps new grants may be available for which comprehensive health education would be a prerequisite. The Centers for Disease Control have endorsed the comprehensive health education approach. Two programs -- "Growing Healthy" and "Teenage Health Teaching Modules" -- are proving to be effective in promoting good health education attitudes and behaviors among children and youth. Other programs (models) may be similarly effective.

Comprehensive health education is our best long-range solution to the drug problem among children and youth, and I urge you to consider ways you and other national leaders can promote its implementation.

Again, I commend you for giving your constituents the opportunity to be heard on this issue.

Senator HEFLIN. Thank you, ma'am. Miss King.

STATEMENT OF ROSALYN KING

Ms. KING. Thank you for allowing me to come to speak today on behalf of our boys and girls in Montgomery, and throughout the Nation.

According to recent studies, drug use is the most serious threat to the health and well-being of children in America. The phenomenon of drug abuse is no longer a problem that is restricted to economic, social, ethnic, educational or intellectual levels. Drug abuse has become a national as well as a local problem, with serious implications for today's youth.

A recent survey conducted and reported by Lloyd Johnson, and others of the National Institute of Drug Abuse, revealed that 80 percent of high-school seniors said that if they wanted, they could get drugs in their community very easily.

Further, there is a growing awareness that drug and alcohol use are closely connected with a variety of other problems, including teenage suicide, adolescents pregnancy, traffic fatalities, juvenile delinquency, poor school performance, runaways, and school dropouts.

Although the aforementioned statistics are national in scope, the drug abuse phenomenon has serious implications for local school children.

Information gleaned from school records, suspension logs, local enforcement agencies, and drug treatment and rehabilitation centers reveal an alarmingly escalating trend in illicit drug and alcohol use among youth in Montgomery, Alabama.

Statistics indicate that schools are often hit very hard with the drug problem, but statistics give only a "bare bones" outline of the impact of chemical use on the educational process. They do not show students nodding out at the desk right in the middle of class.

Statistics cannot describe the regret of a young athlete who is suspended from his team after getting drunk and cannot play his last year in high school.

They give no indication of the amount of fear and indecision of some teachers when they think they know someone who is using chemicals, and think that they will be in trouble for reporting such.

Schools are often placed in a very awkward position, almost one of helplessness in dealing with the drug-use problem. It is quite unfortunate that schools have inherited a problem that actually originated in the communities.

This is not to place, or shift blame, or responsibility for solving the problem. No one should blame anyone else for the fact that drug use is taking place.

The best schools, the healthiest families, the most competent law-enforcement agencies must face the problem and take steps to address the problem. Nothing is more important to the future of our country than our children, who are our greatest resource.

If we intend to have a productive and creative society, we must protect the right of our children to grow and learn in a drug-free environment. We must not tolerate illegal drug use in our schools, or in our communities. We must continue to take steps to educate all segments of our society.

Antidrug policies must be set and strictly enforced. Parent and community involvement must continue to be encouraged and training must be provided for all members of the community regarding drug prevention and manifold dangers of addiction.

If our schools are expected to provide safe, secure, and drug-free learning environments, and prepare students to reject the use of illicit drugs in their daily lives, parents, all school personnel, prevention treatment personnel, law-enforcement officers, Government officials, and other community leaders must work together to develop and implement antidrug policies which clearly forbid the use and sale of alcohol and other drugs on school property or at school events.

In Montgomery County we have made numerous attempts to keep our students mindful of the dangers of drugs. A very supportive and helpful advisory committee composed of people throughout the community, representing many segments of the community, and community activity, assist us with long- and short-range plans, and goal-setting activities which are designed to protect our children, and to help in the fight against substance abuse in our communities.

Numerous workshops for parents, teachers, and all school personnel have been conducted. The Drug-Free Schools and Communities Act of 1986 gave necessary funding to start and support the antidrug use programs that we are conducting. We believe that sustained or increased funding would make possible long-term prevention programs and perhaps, in a short while, young people and other adults would come forth and begin to speak out more about the drug problems, and work harder to change the norms that allow so many young people to get in trouble with mood-altering, and very often deadly chemicals.

[The prepared statement of Ms. King follows:]

PREPARED STATEMENT OF ROSALYN KING

Montgomery, Alabama
April 27, 1989

According to recent studies, drug use is the most serious threat to the health and well-being of children in America. The phenomenon of drug abuse is no longer a problem restricted to certain economic, social, ethnic, educational or intellectual levels. Drug abuse has become a national as well as a local problem with serious implications for today's youth.

A recent survey, conducted and reported by Lloyd Johnson and others of the National Institute on Drug Abuse, revealed that 86 percent of all high school seniors said if they wanted, they could easily get drugs in their community. Further, there is a growing awareness that drug and alcohol use are closely connected with a variety of other problems including teenage suicide, adolescent pregnancy, traffic fatalities, juvenile delinquency, poor school performance, runaways, and school drop-outs.

Although the aforementioned statistics are national in scope, the drug abuse phenomenon has serious implications for local school children. Information gleaned from school records, suspension logs, local law enforcement agencies, and drug treatment and rehabilitation centers, reveal an alarmingly escalating trend in illicit drug and alcohol use among youth in Montgomery, Alabama.

Current opinion polls indicate that drug abuse has surpassed many of the nation's economic woes and the threat of war as the nation's number one concern. It is a fact that the use and/or abuse of alcohol and illicit drugs is the leading cause of death for adolescents in the United States. Cocaine abuse in the United States has reached epidemic proportions. Statistics reveal that even primary school age children are involved with drugs. In any given school, about one-quarter to one-third of all students are in need of services for heavy drug use.

Statistics indicate that schools are often hit hard with the drug problem, but statistics give only a "bare-bones" outline of the impact of chemical use on the educational process. They don't show a student "nodding out" on the desk right in the middle of a class. They can't describe the regret of a young athlete who is suspended from his team for getting drunk and cannot play his last year in high school. They give no indication of the amount of fear and indecision some teachers feel when they think they know someone is using chemicals, but are afraid of getting into trouble -- with parents, with the administration or with students -- if they make an issue out of it. Schools are often placed in a very awkward position -- almost one of helplessness in dealing with the drug use problem.

It is quite unfortunate that schools have inherited a problem which actually originated in communities. This is not to place blame or shift responsibility for solving the problem. No one should blame anyone else for the fact that drug use is taking place. The BEST schools, the HEALTHIEST families, the MOST COMPETENT law enforcement agencies must face the problem and take steps to address the problem.

Nothing is more important to the future of our country than our children -- our greatest resource. If we intend to have a productive and creative society, we must protect the right of our children to grow and learn in a drug-free environment. We must not tolerate illegal drug use in our schools or in our communities. We must take steps to educate all segments of our society. Anti-drug policies must be set and strictly enforced. Parental and community involvement must be encouraged and training must be provided for all members of the community regarding drug prevention and the manifold dangers of addiction.

If schools are expected to provide safe, secure, and drug-free learning environments, and prepare students to reject the use of illicit drugs in their daily lives, parents, all school personnel, prevention and treatment personnel, law enforcement officers, government officials, and other community leaders must work together to develop and implement anti-drug policies which clearly forbid the use or sale of alcohol and other drugs on school property, or at school sponsored events.

The Drug-Free Schools and Communities Act of 1986 gave necessary funding to start and support anti-drug use programs. Sustained or increased funding would make possible long-term prevention programs and perhaps, in a short while, young people and other adults would begin to speak up about drug problems and work harder to change the norms that allow so many young people to get into trouble with mood-altering chemicals.

Senator HEFLIN. Thank you very much. Mr. Horsley, you mentioned the number of adolescents beds for drug treatment. Have we got 24 now? Is that the number?

Mr. HORSLEY. Yes, sir. That is all. We have 12 up——

Senator HEFLIN. Twenty-four beds for juveniles?

Mr. HORSLEY. Yes, sir. That would be 12- to 18-year-olds. We had 12, and we increased that in the last month to 24, but that is an inordinately low number. We recognize that. I have only been with the department about four months, but recognized that, early on, as one of the most serious problems we have in this State.

Senator HEFLIN. We had testimony yesterday that there were only two not-for-profit residential treatment centers, that is, where they would reside, beds—that sort of thing—in the State of Alabama for drug abuse, which would include adolescents and adults.

Mr. HORSLEY. No, sir. That is not correct. There are a number of adult not-for-profit——

Senator HEFLIN. That are not-for-profit?

Mr. HORSLEY. There are a number of not-for-profit adult programs in the State. There are not two, that I am aware of, for adolescents. There is only one that I am aware of——

Senator HEFLIN. Only one?

Mr. HORSLEY. Only one residential program. Now there are——

Senator HEFLIN. Where is that?

Mr. HORSLEY. That is in Gadsden. It is called The Bridge. If you have an opportunity to visit, I would recommend you do so. It is an excellent program. That is where we are expanding our beds. We hope to have four or five more programs, though, located around the State, up and running within the next year, for adolescents. That is a travesty, that we only have that few.

Because even though there are a lot of people that may have insurance, it may not cover a substance-abuse program for adolescents, so the only people right now, that have access to residential treatment services for adolescents are those that do have private insurance, that will pay for like the private types of hospitals—the

Charter Woods, the Bradford Groups around the State. And it is a travesty that we do not have something to provide——

Senator **Heflin**. Well, what do we have when you say "treatment centers"? I believe these are residential. How many of those do we have in the State?

Mr. **Horsley**. The non——

Senator **Heflin**. Not-for-profit. In other words, for those that do not have insurance.

Mr. **Horsley**. For adults? To include the adults?

Senator **Heflin**. You have got one for adolescents. How many do we have for adults?

Mr. **Horsley**. I cannot give you that exact number, but I would say it is probably in the neighborhood of 20.

Senator **Heflin**. Twenty?

Mr. **Horsley**. Twenty programs, that range in size from 10 to 30 beds each.

Senator **Heflin**. Are they the mental health centers, or where?

Mr. **Horsley**. They are sometimes operated by mental health centers, or sometimes operated by other not-for-profit organizations, that normally, we would contract through a mental health center to that not-for-profit organization. One like the Phoenix House in Tuscaloosa, which is a private not-for-profit corporation, that the funding actually flows through the——

Senator **Heflin**. How many do we have where they are Government financed? I mean is that like that other private not for profit? Is that funded by some foundation or someone else?

Mr. **Horsley**. Oh, no, sir. We contract——

Senator **Heflin**. All by Government?

Mr. **Horsley**. Not all of their beds. We contract for some percentage of beds at each of those. By "we" I mean the Department of Mental Health and Mental Retardation.

Senator **Heflin**. I realize you probably need some time, but could you submit us a detail of what we do have in Alabama, that is available for those people that do not have insurance, and are not financially able to provide funds for treatment, that in effect would have to rely on public moneys.

Mr. **Horsley**. Yes, sir. I can give you that breakdown in terms of the numbers of beds for residential. I cannot give it to you—we have, right now, 157 short-term residential treatment beds.

Senator **Heflin**. What?

Mr. **Horsley**. 157, which are called quarter-way treatment, and by "quarter way," that means a quarter way out of a detox unit, a hospital setting. That is a quarter-way unit. We have 196 residential beds, half-way type of treatment, and we have 62 long-term residential beds. That would be longer than a typical 42-day program.

Most of those beds are poly-abusers. That means that our beds are for poly-abusers, meaning that they probably have more than one drug that they are addicted to, usually a combination of alcohol and some other drug, be it cocaine, or others.

Senator **Heflin**. Do you have any idea of what the demand would be for beds, if they were available?

Mr. **Horsley**. No, sir. We are conducting that study right now. I can provide that to you within 120 days. That is the time frame that we are working on for developing that process. But I should have then the number of beds that we think would meet the demand for the indigent population of the State.

Senator HEFLIN. All right. Dr. Barton, we have had testimony yesterday by Dr. Wayne Teague and two local school systems that gave us testimony, and I think we all have to come to the conclusion that if we are going to win the war on drugs, that it has got to be won on the demand side.

We can cut back on the supply side, and maybe there will always be another manufacturing place, whether it be in a foreign country or this one, will crop up, as long as there is demand. Therefore, the families, the church, the community, and the schools, all have a part to play in regards to education, and it is not going to be something that will be won overnight.

I asked this and got mixed answers. Whether or not, as a supplement to the work that you are doing pertaining to drugs, at the first and second grades, whether or not some sort of computer software program could be instituted that would help in being able to enhance health education as it would apply to drugs?

Are there such available?

Dr. BARTON. Yes, sir. There are.

Senator HEFLIN. There are?

Dr. BARTON. Yes, sir. There are. Some that have proven to be very effective.

Senator HEFLIN. Good.

Dr. BARTON. It is very encouraging, particularly at the middle-grade level—sixth, seventh, and eighth grade.

Senator HEFLIN. Ms. King, what do you see as a long-range answer in regards to trying to cut back on the demand and to create a positive approach against drugs? Of course your programs such as the Say No, and wearing the red ribbons. Things like this are helpful, but somehow or another it looks to me like we have got to have peer pressure against drugs.

The peer pressure has been for drugs and we have got to change that around, and to make it really a peer pressure against drugs.

Ms. KING. Right.

Senator HEFLIN. How can this be accomplished?

Ms. KING. We are working in that direction to some extent. We have some peer support groups in some of our schools, our secondary schools. Those students work among themselves as well as with younger children, so some of that is in place, and I think you are right—a lot of this—needs to increase. To young children, at all ages, especially intermediate grades, peer acceptance is very important.

And I think that if they can support each other in this fight against drugs—if they can be supportive in getting the message across, and discouraging use of drugs, I think this will help us a great deal, much more than many of the efforts that we adults can make, because they will often listen to each other when they will not listen to the messages that we are trying to send out.

Senator HEFLIN. Ms. Scanlan, those statistics are alarming relative to you finding among the people who are receiving assistance from social services through the Alabama Department of Human Resources, and funds of course that are made available to the Alabama Department of Human Resources, from Federal sources, to find so much in there.

Is there any program that can be designed by your department, that would in some way or another bring to the attention—working with schools or something, for the idea of reducing use among people who are very poor and receive assistance, to try and eliminate drugs?

Ms. SCANLON. I do not have a program, an idea of a program in mind, but I do see the possibility of a cooperative effort between mental health and the education department, and our department, in developing such a program.

One of the things about child abuse, and what I think we are going to observe also in drug abuse—in addition to what we have heard about education and peer pressure, which is very, very critical—just like child abuse, people that were abused as children grow up—a high percentage of them grow up to be abusive parents.

I too think that those that are in homes, that are now abusive in drugs, are learning this behavior at home through modeling, through their parents or whatever, and just the exposure to it is going to perpetuate the problem of drug abuse.

So some program that is more comprehensive, dealing with the education element, the treatment element from the mental health, and as well as with our department, would be beneficial. I think it something worth looking into.

Senator HEFLIN. Well, thank you. We appreciate your testimony and your thoughts on these very, very serious problems.

We next have a unique panel that is coming forward on research efforts. Dr. Larry Myers of the Institute of Biological Detection Systems of Auburn University, and Dr. Charles Neely of the Institute of Biological Detection Systems, Auburn University.

We are delighted to see you. Wait a minute. Maybe I got ahead of myself. Yes. We have local law enforcement officials. Captain Dennis Bodine, commander of Narcotics and Intelligence Bureau of the Montgomery Police Department; Mr. Willard M. Pilgreen, lieutenant, Investigative Division, Montgomery County Sheriff's Department; and Mr. Tim Byrd, chief of police of Enterprise.

Gentlemen, we are delighted to see you and to see Mr. Byrd again. He testified in Washington before the Judiciary Committee on some of the problems a while back when the legislation was being drafted, and his help was immense, and we deeply appreciate it.

Captain Bodine, if you will, we would be delighted to hear from you first.

PANEL CONSISTING OF CAPT. DENNIS BODINE, COMMANDER, NARCOTICS AND INTELLIGENCE BUREAU, MONTGOMERY POLICE DEPARTMENT; WILLARD M. PILGREEN, LIEUTENANT, INVESTIGATIVE DIVISION, MONTGOMERY COUNTY SHERIFF'S DEPARTMENT; AND TIM BYRD, CHIEF OF POLICE, ENTERPRISE, AL

STATEMENT OF CAPTAIN BODINE

Captain BODINE. Thank you, Senator.

I am Captain Dennis Bodine of the Montgomery Police Department, and I am speaking to you today on a local level as commander of the largest municipal narcotics unit in the State of Alabama, and one of the largest in the Southeast.

I am also speaking to you as a representative of the Alabama Narcotics Officers' Association.

The drug problem which we are facing is vast, permeating the very fabric of our society. Drug abuse is perceived as socially acceptable in many segments of today's society, and consequently there is no stigma for the cocaine user or the marijuana smoker, and with the advent of crack, the problem has escalated into epidemic proportions.

One of the keys to any hope of success for law enforcement in combating the source of illegal drugs is asset seizures and forfeitures. Passage of that section of the Anti-Drug Abuse Act of 1988 which made major changes relative to adoptive forfeitures greatly limits the effectiveness of local and State law enforcement.

In many cases, State seizure laws are inadequate or nonexistent. With the loss of adoptive forfeitures, one of law enforcement's most effective and necessary tools in the war on drugs is lost.

Another key to success of narcotics enforcement is cooperation between law-enforcement agencies, a cooperation that must stretch from the local level all the way up through the Federal level.

Drug activity is multijurisdictional. Interagency cooperation and the exchange of criminal intelligence information is crucial.

Regional Information Sharing Systems—the RISS projects—such as the Regional Organized Crime Information Center, fill a critical role in fostering interagency cooperation.

These federally funded projects provide easy accessibility of information to an intelligence network made up of more than 2,400 municipal, county, State and Federal agencies.

In addition to the exchange of information, these projects also provide logistical support and services to member agencies. Yet in spite of the vital role that these projects play, we find ourselves annually pleading with Congress and the Bureau of Justice Assistance for their continued funding.

Localized and regional task forces are another means of joining resources and manpower to reach a common goal. Cooperation is essential in narcotics enforcement, but too often cooperation is sidelined by jurisdictional squabbles and divergent agencies' procedures.

Just as the narcotics dealers engage in turf wars, so do many law-enforcement agencies, and these turf wars benefit only the dealer.

Among the specific problems facing narcotics enforcement units is that of drug distribution, particularly crack cocaine in federally funded housing projects.

Drug abuse is a cancer in these housing projects. One of the tools which can be used is the seizure of intangible assets, specifically the leases of the violators.

Most federally funded housing projects have incorporated in the terms of the leases sanctions against narcotics violations. Violators' leases are terminated and they are evicted. Yet while those charged with administering these federally funded projects are trying to oust the violators, federally funded legal services organizations are fighting to keep them in.

What the law enforcement agency winds up seeing is two federally funded organizations on opposite sides of the fence.

Narcotics violations are classified as victimless crimes.

In the minds of most narcotics officers this is probably the most inaccurate phrase ever associated with any criminal activity. We are all victims of drug crimes. We all pay the price of enforcement costs, rehabilitation and treatment costs, prosecution and incarceration costs, losses due to robberies and thefts, and the costs of rapes, assaults and murders caused by the effects of narcotics abuse and turf wars.

To us, on a local level, and probably to other agencies on up to the State level, one of the biggest problems in narcotics enforcement is the prosecution and incarceration of those violators we arrest.

Increased enforcement means an increase in court cases. Limited funding in the prosecutorial and judicial system means limited capabilities, and limited capabilities often means a tremendous backlog of criminal cases.

At this time our narcotics unit has over 500 felony cases pending adjudication in the State system now. This has put demands on the system which far outstrips its resources. Funding is desperately needed for judges, prosecutors and support staff.

Aggressive prosecution will demand more prisons. At this time, felons who turn themselves in to serve their sentences are turned away because there is no room.

Mandatory sentencing is a joke because there is no room. And the first person to be turned away, the first person to be considered for early release is the narcotics felon, because drug violations are victimless crimes.

The necessity for more prisons is recognized by everyone, but no one wants a prison in their community. As can be seen, something has to give. Drug abuse is society's problem and society must respond.

Drug crimes need to be redefined as violent crimes and laws strengthening narcotics enforcement must be enacted. Cooperation among agencies on all levels must become a norm instead of an occasional oddity.

Funding must be provided so that prosecutorial and judicial systems can adequately respond to the increased demands of aggressive narcotics enforcement programs.

Finally, new prisons must be built to house the offender and keep them off our streets and out of our homes. I thank you for your time, Senator.

[The prepared statement of Captain Bodine follows:]

STATEMENT PRESENTED

BY

CAPTAIN DENNIS BODINE

MONTGOMERY POLICE DEPARTMENT

TO

THE SENATE JUDICIARY COMMITTEE SUBCOMMITTEE ON COURTS
AND ADMINISTRATIVE PRACTICE

CHAIRED BY

THE HONORABLE HOWELL HEFLIN

SENATOR, STATE OF ALABAMA

APRIL 17, 1989

MONTGOMERY, ALABAMA

Narcotics abuse is a tremendous problem which effects every part of the City of Montgomery. It is a problem which has made inroads into every ethnic and economic level of our City, and its scope is all-encompassing.

One of the most prevalent and overt aspects of this problem, particularly in reference to cocaine and "crack," is the street dealer. These subjects specialize in selling certain drugs, and they will move into specific neighborhoods for the sole purpose of setting up their retail operations. These neighborhoods become known very quickly for the availability of a particular drug, and buyers come from all over the City, and the surrounding areas, to purchase those particular drugs. At times, these retail operations are fragmented and highly mobile, so that new areas of operation can set up overnight. No matter how mobile they are, nor how fragmented, these operations are still complex criminal enterprises involving suppliers, runners, cookers, "crack house" operators, dealers, lookouts, and gunmen. Each of these roles, no matter how small in itself, is crucial to the operation, and becomes an integral part of the problem.

The money to be made in the sale of drugs is tremendous. Thirteen-year-old kids can make $500 - $1,000.00 per week selling "crack." Many of the street dealers carry several thousands of dollars on them at any one time. The money has to come from somewhere, and usually it comes from the pockets of the average citizen. Various nation-wide studies have estimated that as much as 90 percent of all property crimes can be traced to narcotics use and abuse. Based on the crime statistics compiled by MPD personnel for 1987 (the last year for which complete data is available at this time), the cost of drug-related crime to the citizenry of Montgomery is approximately $15,300.00 per day.

Another facet of the problem which we are facing is the violence that goes hand-in-glove with the illegal sale of drugs. The street dealers are commonly armed with large-caliber, high-capacity handguns, long guns (including sawed-off shotguns), and fully automatic weapons. Shootings during drug rip-offs, over territories and over drug money, are common. The use of firearms against police during enforcement activities is a constant threat.

The drug traffickers are becoming more creative in concealing and transporting their illicit drugs. We have found contraband concealed in the false bed of a pickup truck, in packages shipped Federal Express and through the U.S. mails, concealed in copper pipes and other plumbinng facilities, in car bumpers, and in body cavities. Detecting hidden narcotics often requires resources, such as drug dogs, and training that is not readily available to some agencies.

The final element in the problem is the consumer, the buyers who come from all parts of the City and from the surrounding areas. These buyers cross all ethnic and economic boundaries. They pay for their illicit drugs with money that they have earned from legitimate sources, with their welfare or assistance checks, with money that they have stolen or robbed for, or the money which they have made selling drugs. These same buyers all too often become the victims of drug rip-offs, robberies, and assaults.

The problem is enormous. Major suppliers, as well as street dealers and buyers, live outside the Montgomery Police Department's jurisdiction. While the problem itself does not conform to artificial boundaries, in many cases the police response must. The limitations on police response is the major problem that we, as narcotics enforcement officers, must contend with.

One of the primary tools which we have used in the past to fight the "War on Drugs" is asset seizures and forfeitures. We have been able to ask a federal agency to "adopt" the asset seizures made in a local case, and to carry the forfeiture proceedings through the federal system. But a section added to the Anti-Drug Abuse Act of 1988 made major changes relative to "adoptive forfeitures" which greatly limit the effectiveness of state and local law enforcement. In many cases, state seizure laws are inadequate or non-existent. Many local district attorneys see forfeitures as backlogging the judicial system. They feel that their primary duty is to adjudicate criminal cases, and that civil forfeitures should take a back seat. In many cases, asset forfeitures lay on the back burner through a lack of interest on the district attorney's part. They feel that they have nothing to gain from a forfeiture, and therefore, their interests lie elsewhere. With the loss of "adoptive forfeitures," one of law enforcement's most effective and necessary tools is lost.

Drug activity is multi-jurisdictional, and as such, it demands a degree of cooperation among law enforcement agencies that exceeds the normal bounds of interagency actions. This cooperation must stretch from the local level all the way up through the federal level. Interagency cooperation and the exchange of criminal intelligence information is crucial. One of the best means of effecting this cooperation is the Regional Information Sharing Systems, known as RISS Projects. These federally-funded projects provide easy accessibility of information to an intelligence network made up of more than 2,400 municipal, county, state, and federal agencies. In addition to the exchange of information, these projects also provide logistical support and services to member agencies. Since the inception of the first RISS Project in 1974, RISS members agencies and their approximately 200,000 sworn officers produced over $2 billion in results associated with project-assisted investigations. This is many times the amount of federal funding received over the years. For example, in 1987, Congress appropriated $12 million to continue the RISS program. That investment in RISS assistance to law enforcement generated over $269 million in seizures of drugs, contraband, and cash; $1.5 million in restitution; $56 million in referrals to the Internal Revenue Services; $78,000 in fines; and 5,394 arrests. As can be seen, the RISS Projects provide a critical service to law enforcement. Yet, in spite of the vital role that these projects play, we find ourselves pleading annually witn Congress and the Bureau of Justice Assistance for their continued funding.

Another means of joining resources and manpower to reach a common goal is embodied in the concept of localized and regional task forces. Local agencies can combine their resources to combat the overt symptoms of drug abuse such as street dealers, local distribution organizations, and drug consumers. But to fight the suppliers and the traffickers, to interdict the source of the drugs, requires that the task force concept be moved to the next level incorporating state and federal agencies. Cooperation is essential to effective narcotics enforcement, but too often cooperation is sidelined by jrisdictional squabbles and the divergent policies and procedures of the involved agencies. Narcotics dealers engage in deadly "turf wars," but the "turf wars" which the law enforcement agencies engage in is just as deadly to narcotics enforcement.

One of the most specific problems facing narcotics enforcement units is that of drug distribution, particularly "crack," in federally-funded housing projects. Drug abuse is a cancer in these projects. Traditional efforts to contain the "crack" trade are noticeably unsuccessful, and drug use and the violence that accompanies it, is on the rise in these areas. Innovative techniques and methods are needed, and one of these tools which can be utilized is the "seizure of intangible assets." Specifically, this refers to the police seizure of the violator's lease. While most federally-funded housing projects have incorporated into the terms of their leases sanctions against narcotics violators, the actual eviction process can take many months. Under the concept of the "seizure of intangible assets," the police can seize the lease forthwith. After seizure, the leases can then be turned back over to the housing authority and the apartment leased to the deserving. Yet, while housing authority charged with administering these federally-funded projects are trying to oust the violators, federally-funded legal services organizations are fighting to keep them in. What the law enforcement agency, and the public wind up seeing, is two federally-funded organizations on opposite sides of the same fence.

There are major misperceptions about the drug problem. Nowhere is it more evident than in the fact that narcotics violations are classified as "victimless crimes." In the minds of most narcotics officers, and in a growing segment of the general public, this is probably the most inaccurate, inane phrase ever associated with any criminal activity. The very concept of a "victimless crime" is wrong. No matter what the crime, there is always a victim. And we are all victims of a drug crime. We all pay the indirect costs of enforcement, treatment, rehabilitation, prosecution, and incarceration.

We all suffer the losses due to robberies, burglaries, and other property crimes, either directly as "victims" or through increased insurance rates or self-protection costs. We all suffer collectively with the rapes, the assaults, and the murders caused by the effects of narcotics abuse and "turf wars."

To us, as a local agency, and probably to other agencies on up to the state level, one of the biggest problems in narcotics enforcement is the prosecution and incarceration of those violators arrested. Increased enforcement means an increase in the number of cases entering the criminal justice system. Limited funding in the prosecutorial and judicial systems means limited capabilities. And limited capabilities means an inadequate response which often results in a tremendous backlog of criminal cases. At this time, our Narcotics Unit has over 500 felony cases pending adjudication, which is up 65 percent over last year. This has put demands on the prosecutorial and judicial systems which far outstrip their resources. Add to this the fact that, within our local system at least, the pay for prosecutors is not competitive with what they could be making in the private sector. The end result of this disparity is that the District Attorney's Office has become a training ground for future defense lawyers. Funding is desperately needed for judges, qualified prosecutors, support staff, and the necessary resources to operate an effective, aggressive prosecutorial and judicial system.

Stricter, enforceable sentencing guidelines need to be implemented. As has been noted, narcotics violations are not "victimless crimes," but rather are crimes of violence, and convicted violators should be sentenced as such. Mandatory sentencing guidelines should be established and adhered to.

Intensive enforcement efforts and aggressive prosecution will demand more prisons. At this time, felons who turn themselves in to serve their sentences are often turned away from the prison facility because there is no room. Mandatory sentencing is a joke because there is no room. Community-based correctional programs, early paroles, and court-ordered early releases are devices implemented to "cure" the overcrowding situation in our prisons. And the first person to be considered for probation, the first person to be turned away, the first person to be considered for early release is the drug felon, because narcotics violations are "victimless crimes" and not a crime of violence. The necessity for more prisons is recognized by virtually everyone, but when it gets time to build one, no one wants it next to them. Society is beginning to demand that certain actions be taken to combat the onslaught of illegal narcotics activity, but they still want someone else to pay the price.

As can be seen, something has to give. Drug abuse is society's problem, and society must respond. I have concentrated on the enforcement aspects, but in truth, there is no single answer to this omnipresent problem. Drug crimes need to be redefined as violent crimes, and laws strengthening narcotics enforcement must be enacted. Specialized training, logistical and technological support must be made accessible to narcotics enforcement units on all levels. Cooperation among local, state and federal agencies must become the norm instead of the occasional oddity. Funding must be provided so that the prosecutorial and judiciary systems can adequately respond to the demands of aggressive narcotics enforcement programs. Finally, new prisons must be built to house the convicted drug offender so as to keep him off our streets and out of our homes.

Senator HEFLIN. Thank you, sir. Mr. Pilgreen, we are delighted to have you here.

STATEMENT OF WILLARD M. PILGREEN

Mr. PILGREEN. My statement will be short and brief. I think most everything has been said here today that can be said. The drug problem is a very big problem, it is spreading over our country like a plague, and we must unite our forces together—law enforcement, prosecutors, courts, treatment centers, educators—we must do this throughout the country.

We have all got to put our shoulders to the wheel to help alleviate this plague that has spread over our country so rapidly.

From my standpoint—and I feel like law enforcement in general—we must have manpower and equipment to fight this ever-increasing problem. Let us all remember that we live in the greatest nation on Earth, but this cloud of drugs is hanging over our country.

We must all unite our forces, in every aspect of our lives throughout the country, to try and put an end to this terrible, terrible situation that is throughout our country today. Thank you.

[The prepared statement of Mr. Pilgreen follows:]

SHERIFF

M. S. BUTLER

MONTGOMERY COUNTY MONTGOMERY, ALA. 36101
P. O. DRAWER 4219

MEMBER ALABAMA SHERIFF'S ASSOCIATION

C. L. HUGGINS
CHIEF DEPUTY

OFFICE PHONE 832-4980
JAIL PHONE 832-4985
INVESTIGATION 832-4988

April 21, 1989

The drug problem is spreading over our country like a plague. We must unite our forces together; law enforcement, prosecutors, courts, educators, etc. throughout our country. We must put our shoulders to the wheel to crush this deadly plague before it consumes our nation. Countless lives are being lost and homes destroyed every day across our country. We must stop this ever increasing problem.

From the Law Enforcement standpoint, we must have manpower and equipment to battle an element of our society that already has the upperhand. To all of you who are here today I say again, we must stand together and we must not yield and the battle will be won. Let us all remember that we are privileged to live in the greatest nation on earth, but a cloud, a cloud of drugs hangs over our country. This cloud must be driven away and only then can we applaud our victory.

Will ard M. Pilgreen, Lt.
Montgomery County Sheriff's Dept.
Investigative Division

Senator HEFLIN. Thank you, Mr. Pilgreen. Chief Byrd, we are delighted to see you again. You come from a little bit different area, Enterprise, where you have got a large Army base, and you probably have got some different problems than maybe some of the other police chiefs of the State. So, we are delighted to have your testimony.

STATEMENT OF TIM BYRD

Chief BYRD. I am glad to be here, Senator. Thank you for allowing me to present my views on how we should attack the drug problem in the United States today.

On May 13 of 1988, I stated before this committee in Washington that there was a critical need for Federal cooperation and support in the war on drugs, and crime at the local level.

At that time, eight law-enforcement agencies in Southeast Alabama had made application for a grant for a drug enforcement task force to be formed to centralize and coordinate narcotics investigations in our area. The grant was approved and implemented on June 1, 1988, at a cost of $333,000 funded through the Alabama Department of Economic and Community Affairs, and the Department of Justice.

I am pleased today to announce to you, Senator, that the Southeast Alabama Drug Task Force Grant has made a total of 1,161 drug arrests during the first 9 months of operation. During this same period, the value of drugs seized was $554,236. Additionally, the task force seized assets of drug dealers in the amount of $449,180.

If you were able to analyze the success of this program from a business standpoint, you could say there was a 300-percent return on the initial investment. The seizure of drugs and property was three times that of the program's cost in the first 9 months. In light of this success, I strongly urge that funding programs of this type not only be continued, but expanded.

A long-range funding plan for this and similar programs is a must if we are to consistently and adequately combat the invasion of drugs into our communities.

Granted, Enterprise and other small towns of this State do not face a drug problem of the magnitude of a city of the size of Washington, DC. However, the number of drug arrests per capita in our area is not far that behind big cities.

We cannot wait until heartland America turns into a wasteland of crime and drugs before we take the offensive. I think we are all here today to prevent that scenario often seen in big cities of "too little, too late." In recent months, I have seen much progress in the local battle against drugs, largely as a result of increased Federal funding for local agencies for this purpose.

We have increased our manpower, updated our equipment, and purchased vehicles with a big help from Uncle Sam. By banding together, the members of our task force have increased their effectiveness. By pooling resources and sharing information and intelligence, we have accomplished together what we could not have done alone.

Since I last spoke before this committee, the Federal Government and its agencies have begun sending much-needed reinforcements to the front lines of the war on drugs. The assistance of U.S. Attorney Jim Wilson and his staff has been most beneficial in our efforts in the seizing of drug dealers' assets. The enforcement agencies, such as DEA and Customs have come to our assistance in several instances.

These agencies also need expanded roles and funding in their effort to assist local agencies.

I am encouraged by a new direction being taken by the Federal Government in providing additional funds for the National Guard in this State, and others, to assist in combating the drug problem. The additional manpower and specialized equipment provided by these military units will be a valuable asset.

Yet, as we build a strong and cohesive antidrug army, we must also launch a rescue effort to reclaim the citizens who have become prisoners of drugs through addiction or location. Our drug education programs appear to be working and they should continue.

The rate of drug use among high-school students is decreasing annually. But for that portion of society that continues its drug usage, Federal funds are needed for programs to bring them out of the depths of their addiction and return them to a useful role in society.

Every town, every city in which drugs are a problem share another common dilemma. Drug pushers and users tend to centralize their illegal trade to specific areas.

Many times, public housing projects are saturated with the dregs of the trade. Law-abiding residents become virtual prisoners in their own homes, victims of location.

I agree with the proposal to bar anyone convicted of selling narcotics from living in a federally funded housing project. Special enforcement programs should be aimed at these high-crime, high-drug areas. Of course housing projects are not the only problem areas when it comes to drugs.

In Enterprise, a small business district was infamous for the high incidence of drug abuse. Our department launched an enforcement saturation effort in this area that has local residents applauding.

It also greatly decreased the drug sales in that district. A key to this local program was cooperation from business owners and local residents. All citizens have a role to play in the drug crisis facing America today.

Community programs such as Crimestoppers, Neighborhood Watch, Turn In A Pusher, and the like, cost very little and accomplish a lot. All it takes is a little organizational help and a little time.

Every man, woman and child in this country must pull together, and take some role in freeing our neighborhoods, towns and cities form the oppression of the drug trade.

Law enforcement agencies at all levels are doing their best to spearhead the attack. All we ask is that you give us your wholehearted support, and realize that you, too, can play a part. With a united front, we can overcome the tyranny of drugs. Thank you for letting me express my views.

[The prepared statement of Chief Byrd follows:]

April 27, 1989

Testimony of Tim Byrd,
Enterprise Police Chief

To U.S. Senate Judiciary Committee
Subcommittee on Courts and
Administrative Practice

Thank you, Senator Heflin and your distinguished colleagues for allowing me the chance to express my views on how we should attack the problem of drug abuse in America today.

On May 13, 1988, I stated before this committee in Washington that there was a critical need for federal cooperation and support in the war on drugs and crime at the local level. At that time, eight law enforcement agencies in southeast Alabama had made application for a grant to form a drug enforcement task force to centralize and coordinate narcotics investigations in our area.

This grant was approved and implemented on June 1, 1988, at a cost of $333,000 funded through the Alabama Department of Economic and Community Affairs and the U.S. Department of Justice.

I am pleased today to announce to you, Senator, that the Southeast Alabama Drug Task Force has made a total of 1,161 drug arrests during the first nine months of the grant program. During this same period, the value of drugs seized was $554,236. Additionally, the task force seized assets of drug dealers in the amount of $449,180.

If you were to analyze the success of the program from a business standpoint, you could say that there was 300 percent return on the initial investment. The seizure of drugs and property was three times that of the program's cost in the first year.

In light of this success, I strongly urge that funding programs of this type not only be continued, but expanded. A long-range funding plan for this and similar programs is a must if we are to consistently and adequately combat the invasion of drugs into our communities.

Granted, Enterprise and the other small towns of this state do not face a problem of the magnitude faced by a city such as Washington, D.C. However, the number of drug arrests per capita in our area is not that far behind the big cities. We cannot wait until heartland America turns into a wasteland of crime and drugs before we take the offensive. I think we are all here today to prevent that scenario often seen in the biggest cities of "too little, too late."

In recent months, I have seen much progress in the local battle against drugs, largely as a result of increased federal funding for local agencies for this purpose. We have increased manpower, updated equipment, and purchased vehicles with a big helping hand from Uncle Sam. By banding together, the members of our task force have increased their effectiveness. By pooling resources and sharing information and intelligence, we have accomplished together what we could not have done alone.

Since I last spoke before this committee, the federal government and its agencies have begun sending much-needed reinforcements to the front lines of this war on drugs. The assistance of U.S. Attorney Jim Wilson and his staff has been most beneficial in our efforts in the seizing of drug dealers' assets. The enforcement agencies, such as FBI, DEA and Customs, have come to our assistance in several instances. These agencies need expanded roles and funding in their effort to assist local agencies.

I am encouraged by a new direction being taken by the federal government in providing additional funds for the National Guard in this state, and others, to assist in combating the drug problem. The additional manpower and specialized equipment provided by these military units are a valuable asset.

Yet as we build a strong and cohesive anti-drug army, we must also launch a rescue effort to reclaim the citizens who have become prisoners of drugs through addiction or location.

Our drug education programs appear to be working, and they should continue. The rate of drug use among high school students is decreasing annually. But for that portion of society that continues its drug usage, federal funds are needed for programs to bring them out of the depths of their addiction and return them to a useful role in society.

Every town, every city in which drugs are a problem share another common dilemma. Drug pushers and users tend to centralize their illegal trade to specific areas. Many times, public housing projects are saturated with the dregs of the drug trade. Law-abiding residents become virtual prisoners in their own homes, victims of location.

I agree with the proposal to bar anyone convicted of selling narcotics from living in federally-funded housing. Special enforcement programs should be aimed at these high-crime, high-drug areas.

Of course, housing projects are not the only problem areas when it comes to drugs. In Enterprise, a small business district was infamous for the high incident of drug trafficking. Our department launched a enforcement saturation effort in this area that has local residents applauding. It has also greatly decreased the drug sales in the district.

A key to this local program was cooperation from business owners and local residents. All citizens have a role to play in the drug crisis facing America today. Community programs such as Crimestoppers, Neighborhood Watch, Turn-In-Pushers and the like cost very little and accomplish a lot. All it takes is a little organizational help and a little time.

Every man, woman and child in this country must pull together and take some role in freeing our neighborhoods, towns and cities from the oppression of the drug trade. Law enforcement agencies at all levels are doing their best to spearhead the attack. All we ask is that you give us your wholehearted support, and realize that you, too, can play a part. With a united front, we will overcome the tyranny of drugs.

Thank you for letting me express my views.

Senator **Heflin**. Well, thank you. I appreciate your testimony. You gave some interesting figures and statistics since you have had that eight-county task force organized. I suppose you do not have figures to compare it with, or you do not really have a year from June 1 of 1988 when the grant was made to you, but, in your estimate, how much has that increased the arrests and seizures? By what percentage over a comparable previous period?

Chief **Byrd**. Senator, I would say that increased the arrests in our area probably by some 75 percent. We have just been able to allocate these resources specifically to the narcotics area, and when you work as one unit instead of in fragmented units you tend to be much more successful, as Captain Bodine said. But it has probably 75 percent increased our arrests in that area; much more quality arrests also.

Senator **Heflin**. All right. Do any of you, in your departments, use police dogs to try to sniff out the drugs?

Captain **Bodine**. Senator, we do have one dog now, we have had him for several years, and do utilize him not only in our enforcement activities, but he is also available, upon request, to different segments that may need one.

Senator **Heflin**. Have you found the dog helpful?

Captain **Bodine**. Judge, our dog—excuse me, Senator. Our dog has a success rate of 90-plus percent. He was trained by the military, out here at Maxwell.

Chief **Byrd**. We utilize a dog also, Senator, especially on all search warrant cases, stuff like that.

Senator **Heflin**. Could you stand a greater use of them?

Chief **Byrd**. Well, I think that only the larger departments are afforded the luxury of having a dog. We also will assist any agency which calls, but there are not very many dogs in the State of Alabama, I would say, for that purpose.

Captain **Bodine**. Senator, we have requested another dog. Ours is getting to the burnout stage. To give you the idea of the cost of a trained drug dog, it is about $5,000, and that includes the dog, his training, plus the training of the handler.

Senator **Heflin**. All right. Well, thank you, gentlemen, we appreciate your testimony, and if you would like to add something to it, you can do that within the time period.

All right. Now we get to the research efforts. Dr. Larry Myers and Dr. Charles Neely of Auburn University. Thank you, gentlemen. We appreciate your staying with us and waiting so long, but we think that you have got some very interesting testimony that should be heard. Go ahead.

PANEL CONSISTING OF DR. LARRY MYERS, INSTITUTE OF BIOLOGICAL DETECTION SYSTEMS, AUBURN UNIVERSITY; AND DR. CHARLES NEELY, INSTITUTION OF BIOLOGICAL DETECTION SYSTEMS, AUBURN UNIVERSITY

STATEMENT OF DR. LARRY MYERS

Dr. **Myers**. Senator, members of the staff, thank you for the opportunity to testify today. I appreciate the characterization of our effort as unique.

I would like to begin by pointing out that the approach to the drug problem in this country has been divided in two: education and treatment trying to combat the demand side, and interdiction, to try to combat the supply side.

Recent news reports, I note particularly a recent issue of Newsweek dealing with Director Bennett, made much of the fact that each side of these approaches is pointing the finger at the other as the most likely answer to our drug problem.

My personal position is that both in fact are absolutely necessary for any quick resolution. But to speak on interdiction, to speak concisely on a fairly complex issue, interdiction can be divided into two major categories. One is detection and one is neutralization of the problem.

We have recently established the Institute of Biological Detection Systems at Auburn University. We are primarily involved with development and improvement of detection techniques for concealed drugs and other items.

We are to act as a primary research and development center. We propose to be extremely mission-directed. This is not an effort that is going to go off chasing squirrels running across the yards. We have specific goals in mind. In addition, we are acting as a coordinating center for other areas within the country that have expertise in this area.

Currently, our effort involves 41 different scientists. The structure of the institute is designed to enable rapid and flexible response. We view this as quite important. We will be set up to handle classified materials. We are working hard on information transfer systems so that we might cooperate effectively with various law-enforcement agencies. We will also serve as a training resource for individuals within these law-enforcement agencies, if they so desire, within our graduate education programs at Auburn.

We have proposed a general approach. The first priority of our approach is to improve existing programs used for detection of concealed drugs. The only biological program now being used extensively is the dog, as was noted in previous testimony here. The dog-handler teams, specifically. This technique is in fact extremely effective.

I heard testimony indicating that it is somewhat expensive. Alternative detection techniques, however, are extraordinarily expensive. The dogs may run $5,000 to $25,000 in terms of cost to a law-enforcement agency. Various Federal agencies have estimated that it costs approximately $75,000 to place and maintain a dog-handler team in the field for a period of 1 year. So it is not extremely cheap.

I note, though, that some of the statistics reported by the border patrol drug interdiction effort indicate that agents, unassisted, averaged something around $13,000 in drug seizures per annum. Agents assisted by a dog averaged over $4 million in drug seizures per annum.

So there is an expenditure, yet there is an increased efficiency. Although these techniques are extremely effective in detecting concealed drugs, there are still some problems. The dog, for instance, is not a calibrated instrument. One does not know whether one dog-handler team on a given day will be truly effective, or whether that is going to be an off-day. One of the things we propose is to do a number of projects to develop methods so that the dog-handler team in fact can be calibrated. I heard an expression of 90 percent-plus efficacy of a dog, made, I believe, by Captain Bodine.

This is a difficult figure to come up with accurately. We must develop better techniques for this.

In addition, we see that some dogs, in terms of selection, in terms of training, in terms of training of the handler, in terms of maintenance of that training, in terms of the health of the animal once it is in the field, may vary. We have instances, for example, within the FAA bomb dog program, where large groups of these animals fail a recertification test for unknown reasons. It is good that they have recertification tests to detect such problems. But in examining what we can of information about detection dog systems, we firmly believe that we will be able to improve those systems.

Our secondary priority is to develop advanced concept techniques utilizing off-the-shelf technology, techniques that are well defined but not yet put together in such a fashion that they would be effective for detection of concealed drugs. Some of these include utilization of monoclonal antibodies, chemoluminescence response, and specific enzymes, which sounds complicated. What we propose to do with these systems is simply to develop portable detectors for drugs. In the case of specific enzymes for drugs, these can be developed, using existing technology, into a hand-held, drug-specific electrode. One can simply use it, reading whether or not a drug is present within a given area.

Our third priority is more long term. This is the development of the so-called artificial nose. I did not name it; the U.S. military I believe did this. The artificial nose is a system which is based upon the biological mechanisms within the sense of smell. This is a system that has been much sought after by various agencies; however, it is a system which will require considerable basic work within the physiology of the system. We do not anticipate full development of this system for a number of years.

Basically then, at Auburn we have the structure of the institute, and we believe it is a good structure. We have the people that are willing and eager to do the work in these areas, and, most importantly, we have the knowledge.

What we are seeking is funding, naturally, and increased cooperation from law-enforcement agencies. We do believe that we can do something important for the war on drugs.

Senator **HEFLIN**. Thank you. Dr. Neely?

STATEMENT OF DR. CHARLES NEELY

Dr. **NEELY**. Well, sir, I am here primarily to demonstrate that there is a physical component to this group of people of 41 scientists—they are not all veterinarians, they are not all dog-handlers. To develop an artificial nose, to develop these portable tests, and even to do the calibration of the dog is going to require a certain amount of input from people who already have the background, have the skills, and it takes very little effort for them to make a big contribution.

I think that one of the things that ought to be clear is that putting an institute at a place like a university, as you well know, is very cost-effective, because you have a large number of people, some of whom are being supported in other ways, to make a major contribution. So the return to the Federal Government, to the country, is very large for the amount that you put in.

We have about 10 chemists who will be working in this institute. At every one of the three major objectives mentioned by Dr. Myers we could make a real contribution. And the third aspect, the development of an artificial nose, is principally a physical problem, and so it will be a long and difficult one, but an objective well worth pursuing.

Senator HEFLIN. Do you have written testimony? I mean a prepared statement?

Dr. NEELY. Yes.

Senator HEFLIN. They will be made a part of the record. I just wanted to be sure of that.

[The joint prepared statement of Drs. Myers and Neely follows:]

Statement to the U.S. Senate Judiciary Committee, Subcommittee on Courts and Administrative Practice
Montgomery, Alabama
April 27, 1989

Lawrence J. Myers and W. Charles Neely
Institute for Biological Detection Systems, Auburn University

Two major approaches are proposed to solve the drug problem in the United States: attack on the "supply side" and reduction on the "demand side." The communication media have reported that participants within each of these approaches claim that the other approach is the more important in solving the drug problem. This is counterproductive since both are absolutely required. Effective education and treatment to combat demand for drugs require that those drugs be made scarce by interdiction. Effective interdiction requires that demand be reduced.

Interdiction can be broken down into problems of detection, which we propose to address, and problems of neutralization. The technology now employed for detection of drugs and drug-related activity is not adequate to the tasks facing law enforcement agencies. Law enforcement agencies need assistance to provide practical improvements of the methods now in use and to develop new methods which are effective within the operational conditions they face.

The Institute for Biological Detection Systems (IBDS) at Auburn University is involved in development of methods to assist interdiction. These are principally detection methods based on biological systems, but also include instrumental detection techniques and methods to destroy drug crops. The approach at IBDS is to act as a primary research and development center and to identify and coordinate other research and development resources as needed to solve biological detection problems. Currently, 41 scientists are involved with the work of the institute. IBDS is designed to be both flexible and rapid in response to requirements of the war on drugs. The institute will be capable of dealing with classified materials and with information transfer to law enforcement agencies. In addition, the institute plans to assist the anti-drug effort by training individuals through its graduate program and by serving as a biological detection information repository.

The priorities set within IBDS for the war on drugs place the improvement of existing detection systems at the fore. The biological system now employed by many law enforcement agencies is the detector dog-handler team. This system of detection is effective and inexpensive relative to most instrumental techniques, but requires improvement. The dog-handler team is not "calibrated," thus one team might perform far beyond expectations while another might fail frequently. Further, there is need for improvement in sources, selection, training, and maintenance of the dog-handler team. These points are not meant to detract from the dog-handler teams nor from efforts of those who have worked to make this approach effective, but to indicate the need for additional work to maximize the usefulness of this approach to detection. Improved selection, training, maintenance, and evaluation techniques of the dog-handler system will be developed to enhance performance. Several projects proposed for this top priority area could provide significant results within a year of initiation.

The second area of priority within IBDS is the utilization of existing technology to develop and test additional detection methods to supplement the dog-handler team or to accomplish detection tasks not practical for the dog. Several techniques are possible of early development, principally utilizing "off-the-shelf" technology. Some of these methods include the evaluation of the dog for additional detection tasks, use of species other than the dog, development of portable detectors using monoclonal antibodies to various drugs, design of hand-held, drug-specific detectors based on specific enzymes, and devising of cellular receptor arrays.

The third area of priority involves the development of new technologies for detection. The principal aim within this priority is the eventual development of a sensitive, chemical detection system based on the physiology of olfaction. This system, sometimes termed the "artificial nose," could be a nearly universal detection system for volatile chemical compounds, but considerable scientific effort will be necessary prior to development and deployment.

Selected List of Projects:

Priority I: Improvement of dog-handler teams for detection of drugs.

A. Sensory function of the dog

1. Determination of drug detection thresholds of dogs
2. Comparison of discrimination tasks with detection thresholds
3. Systemic enhancement of detection thresholds
4. Influence of disease on detection capabilities
5. Influence of environmental factors on detection capabilities (developmental and direct effects)
6. Influence of nutrition on detection capabilities
7. Masking and blocking of olfactory function
8. Olfactory fatigue (adaptation)
9. Survey of the capabilities of selected breeds of dog
10. Visual and auditory function
11. Genetic enhancement of olfactory function
12. Identification and characterization of odorant signatures detected
13. Sensory evaluation for selection and maintenance of dogs

B. Training of the dog and handler

1. Survey and comparison of current dog training methods
2. Influence of preconditioning
3. Influence of number of tasks for which dogs are trained
4. Handler selection and training
5. Methods for selection of dogs (temperament and spatial memory)
6. Patterns of stimulus generalization (i.e., how dogs trained to detect one substance generalize to detect others)

7. Influence of handler-dog interactions

8. Evaluations of handler, dog, and handler-dog effectiveness

C. Veterinary care

1. Survey and evaluation of current veterinary care for detector dogs

2. Exercise and housing optimization

3. Dog selection methods (e.g., hip dysplasia)

4. Optimizing vaccination programs

5. Optimizing diagnostic and treatment procedures

6. Nutrition

D. Drugs as odor stimuli

1. Identification and quantification of odorant compounds within drug samples

2. Influence of physical factors on the odorant signature of drugs

Priority II: **Utilization of existing technologies to develop alternative detection methods**

A. Additional uses of the dog

1. Detection of fear and stress in humans

2. Pharmacodynamic response to low level drug exposure

3. Visual detection of camouflage

B. Other species: studies of detection and training capabilities and/or innate responses

1. Ferret

2. Rat

3. Miniature pig

4. Insects

5. Microorganisms

C. Biologically based methods

1. Identification and isolation of enzymes specific for

drugs and metabolites

2. Enzyme-based, drug-specific electrode prototypes
3. Monoclonal antibody development for drugs and metabolites
4. Coupling of antibodies to produce chemoluminescence
5. Monoclonal antibody-based detector prototype
6. Tissue and cell culture sensitivity to drugs

Priority III: Development of new technologies

A. Physiological investigations

1. Airflow patterns for concentration of odors
2. Olfactory mucus chemistry
3. The role of olfactory binding protein
4. Receptor cell morphology, density, and distribution
5. Identification and isolation of olfactory receptor molecules
6. Transduction in the olfactory system
8. Interneuronal communication in the olfactory system
9. Neural coding in the olfactory system
10. Influence of vomeronasal organ on detection
11. Influence of the trigeminal system on detection

B. Technology development

1. Reconstitution or cloning of olfactory receptor molecules
2. Incorporation of olfactory receptor arrays within artificial membranes
3. Reconstitution of molecules in olfactory transduction
4. Computer or other simulation of the neural coding of the olfactory system
5. Reconstruction or simulation of the mechanisms of concentration of odorants in the olfactory system.
6. Production of "artificial nose" prototypes

Senator **Heflin**. Is there an problem with animal rights in regards to any of this training? As you know, we hear more and more about these things all the time.

Dr. **Myers**. I cannot anticipate whether there will or will not be a problem with some groups of animal rights activists, but realistically, in this particular case, we are not involved in cruelty in any fashion to these animals.

Senator **Heflin**. You would not appear to be.

Dr. **Myers**. In fact many of these animals, we anticipate, after we have evaluated how well they are trained, how well they can smell, see, and hear, and how well they can work effectively in detection of drugs—we anticipate then that they very well may be used in a long productive life thereafter, in detection of concealed drugs.

Senator **Heflin**. Yes. We hear, too, that they are developing various sensors that may well be used in some type of detection process, and this would be something that could well be developed at Auburn.

Dr. **Myers**. Yes.

Senator **Heflin**. Well, we appreciate your testimony. I would really love to question you a lot more, but we do have a time problem and we appreciate your time. If you would like to add anything to your testimony, we would be delighted to hear from you.

The record will be open for any additional statements. I understand there are some community and church groups that would like to submit for the record certain statements, and so they will be allowed to do so, either today or in the next 2 or 3 weeks. I think we can keep the record open for that long for it to be submitted. Thank you very much.

Senator Shelby has a statement to be made a part of the record, and if Congressman Dickerson desires to put a statement in, we will put in the record, too.

[The prepared statement of Senator Shelby follows:]

Speech by SENATOR RICHARD SHELBY Date: 04/24/89

HEARINGS BEFORE THE SENATE SUBCOMMITTEE ON COURTS AND ADMINISTRATIVE PRACTICE IN RELATION TO ANTI-SUBSTANCE ABUSE PROCEDURES AND PRACTICES.

I WOULD LIKE TO THANK SENATOR HEFLIN FOR SCHEDULING THESE HEARINGS ON A MATTER OF UTMOST NATIONAL CONCERN. A DRUG FREE COMMUNITY IS THE GOAL. THE REMOVAL OF ILLEGAL AND DEADLY DRUGS FROM OUR COMMUNITY AND THEIR ATTENDANT ILLS IS THE PREFERRED OBJECTIVE. THIS OBJECTIVE MUST BE PURSUED FORTHWITH.

THE AMERICAN PEOPLE HAVE BEEN VICTIMIZED BY DRUG SUPPLIERS. WE HAVE BEEN ATTACKED REPEATEDLY BY AN INTERNATIONAL NETWORK OF DRUG TRAFFICKERS. WE HAVE SUFFERED IRREPARABLE DAMAGE AT THE HANDS OF THOSE WHO DO NOT VALUE THE SANCTITY OF HUMAN LIFE.

THE TIME HAS COME FOR US TO SAY ENOUGH. THE TIME HAS COME FOR US TO SEVER THE TENTACLES OF DRUG SUPPLIERS THAT HAVE BEEN STRANGLING OUR COMMUNITIES. THE TIME HAS COME FOR US TO ZEALOUSLY IMPLEMENT ROBUST MEASURES TO COMBAT THE SUPPLY OF ILLICIT SUBSTANCES THAT ARE KILLING, PHYSICALLY AND MORALLY, SO MANY INDIVIDUALS WITHIN OUR SOCIETY.

MOREOVER, WE MUST CURTAIL THE DEMAND FOR DRUGS. WE CANNOT DESCRIBE OURSELVES IN GENERAL TERMS AS INNOCENT VICTIMS. ILLEGAL DRUGS ARE IN GREAT DEMAND IN AMERICA. THEIR USAGE IS NOT RELEGATED TO A SPECIFIC REGION, PARTICULAR SOCIAL STRATA, OR DEFINED ECONOMIC GROUP. DRUG SUPPLIERS DO NOT DISCRIMINATE.

TO COUNTER SUCH INDISCRIMINATE ACTIVITY WE NEED ENHANCED EDUCATION PROGRAMS, DETAILED REHABILITATIVE PROGRAMS AND COMPREHENSIVE COMMUNITY PREVENTION INITIATIVES. THE HEARINGS HELD THIS WEEK WILL AID IN PROVIDING THE STRATEGIES AND MEANS TO INSTITUTE SUCH PROGRAMS.

I MUST COMPLEMENT THE INDIVIDUALS AND COMMUNITIES THAT ARE WORKING TO EXTIRPATE FROM OUR SOCIETY THIS DESTRUCTIVE AND DEBILITATING EVIL. WE MUST COMMEND THOSE INDIVIDUALS FOR THEIR PRUDENT AND REASONABLE APPROACHES TO THE DRUG PROBLEM. MANY SHELTERS HAVE BEEN CREATED, MANY EDUCATIONAL SEMINARS HAVE BEEN PRESENTED, AND MANY NEIGHBORHOOD WATCH GROUPS HAVE BEEN FORMED. THIS NEEDED PARTICIPATION HAS BEEN AN ASSET TO THE BATTLE AGAINST DRUGS.

EVEN THOUGH THE CHALLENGE WE FACE IS DIFFICULT; IT IS NOT INSURMOUNTABLE. WE HAVE THE WILL OF THE AMERICAN PEOPLE BEHIND US. THAT WILL HAS SEEN US THROUGH SOME DARK PERIODS AND WE HAVE EMERGED A BETTER, STRONGER AND MORE BALANCED NATION.

AS WE CONSIDER DRUG POLICY THERE ARE TWO POINTS I WOULD LIKE TO STRESS. I BELIEVE IT IS NECESSARY FOR US TO INSTITUTE STRONGER PENALTIES FOR DRUG TRAFFICKERS AND THOSE WHO COMMIT DRUG RELATED CRIMES. OF UTMOST IMPORTANCE WE MUST STOP DISTRIBUTION AROUND THE PLACES OUR CHILDREN CONGREGATE--SCHOOLS, PLAYGROUNDS, YOUTH CENTERS AND OTHER SUCH PLACES. WE NEED TO CREATE A SAFETY NET FOR OUR CHILDREN. OUR CHILDREN, OUR FUTURE, MUST BE PROTECTED. TOO OFTEN AS WE LISTEN TO THE EVENING NEWS WE HEAR ACCOUNTS OF CHILDREN DYING OR OF BEING PERMANENTLY DAMAGED BY DRUG USE. THIS TRAVESTY MUST CEASE. IT IS OUR DUTY AS CARING AND CONCERNED CITIZENS TO COME TO THEIR AID.

I AM ALSO INTERESTED IN, AND LOOK FORWARD TO THE WITNESSES' COMMENTS ON, METHODS TO ENSURE A LONG-TERM COMMITMENT OF RESOURCES AND PERSONNEL FOR SUBSTANCE ABUSE EDUCATION, TREATMENT, AND REHABILITATION EFFORTS. WE MUST NOT TURN A DEAF EAR TO THOSE INDIVIDUALS WHO NEED OR WANT ASSISTANCE IN TERMINATING THEIR DRUG DEPENDENCY.

THE TIME HAS COME FOR ACTION. WE MUST NOT ALLOW THE CONTINUED VICTIMIZATION OF OUR SOCIETY BY THESE MERCHANTS OF DEATH. WE MUST PREVENT THE BIRTH OF CHILDREN WITH PHYSICAL AND MENTAL DEFECTS DIRECTLY RELATED TO DRUG USE DURING PREGNANCY. WE MUST NOT ALLOW THE METASTASIZING OF OUR COMMUNITIES.

SENATOR HEFLIN, I COMMEND YOU ON YOUR WORK AND AM WILLING TO ASSIST YOU IN ANY WAY THAT I CAN.

Senator **Heflin**. I believe that concludes our hearing for today.

[Whereupon, at 3:20 p.m., the subcommittee was adjourned, subject to the call of the Chair.]

DRUG ABUSE

FRIDAY, APRIL 28, 1989

U.S. Senate,
Subcommittee on Courts and Administrative Practice,
Committee on the Judiciary,
Birmingham, AL.

The subcommittee met, pursuant to notice, at 10 a.m., in Courtroom Four, Federal Building, 1800 5th Avenue North, Birmingham, AL, Hon. Howell Heflin (chairman of the subcommittee) presiding.

OPENING STATEMENT OF HON. HOWELL HEFLIN, A U.S. SENATOR FROM THE STATE OF ALABAMA

Senator **Heflin**. Well, we are very delighted to see everybody here, and I want to welcome you and thank each of you for taking time from your busy schedule to join us as we consider and examine ways in which to fight the war against drugs. We realize what a major issue we are currently facing, and by sharing your expertise, you are making a valuable contribution to confront the drug problem, not only in the State of Alabama but also in the Nation as a whole.

Last year Congress enacted the Anti-Drug Abuse Act of 1988, which contained a comprehensive approach to fighting the war on drugs. There are two aspects of the plan, first to reduce the supply and hopefully eliminate it; second, to reduce the demand and hopefully to eliminate it.

The new law created the Office of National Drug Control Policy, and last month the Senate confirmed William Bennett to direct that office and be this Nation's first drug czar. Director Bennett is charged with the formulation of an overall strategy and coordinating the efforts of all Federal agencies of which more than 25 are involved in fighting this war on drugs.

I believe that the position of drug czar is absolutely necessary if we are serious about an all out front on the war on drugs. The Anti-Drug Abuse Act created new penalties and increased other criminal penalties for offenses involving drug trafficking. It established the imposition of the death penalty for killings committed by drug kingpins. It increased the commitment to increased treatment and prevention efforts. It created sanctions to penalize drug users. It focuses once again on the need for coordination of Federal, State, and local efforts by providing grants to State and localities.

What impresses me most about this legislation is the breadth of its provisions and the recognition that a single-minded approach to the drug problem will insure certain defeat. We must have a strategy on both the international and domestic fronts. This strategy must include interdiction, education, treatment, prevention, and above all a commitment that drugs will no longer rule our society or corrupt our youth and threaten our existence.

We have an all-out fight on our hands. Drug traffickers peddle their wares not only in the large urban areas of our country but also on the streets and corners of even our smallest communities. Drugs enter our country seemingly at will, passed down our streets and avenues, leaving a path of utter destruction and disbelief in their wake.

The sad truth is that drug abuse touches every State, every community, every individual. Whether we realize it or not, many Americans are financing one of the most profitable businesses in the world. Last year the drug trade earned $110 billion in the United States alone. This amount is more than double the profits of all Fortune 500 companies. Furthermore, the supply keeps coming.

Law enforcement officials are engaged in a never-ending task. In 1988, U.S. law enforcement agencies seized approximately 300,000 pounds of cocaine. I would speculate that this is a mere fraction of the amount that actually entered our country.

Much of this cocaine is now being transformed into a highly addictive substance called crack, which is now being sold in our neighborhoods from $5 to $15 a dose. So pervasive is crack's use that a Fortune magazine article has called it the "Big Mac of street drugs."

Unfortunately, the battlefield is not limited to the streets. Traffickers have entered our homes. I have been told that drug dealers are now lacing cartoon stickers with the hallucinogenic chemicals which can be absorbed into the skin by the unsuspecting touch of a child. Thus our children are becoming victims of an unseen assailant. When we lose our ability to protect our children, it is time to say "enough."

Each of you have had your own experiences with the issue of drug abuse, whether you are attacking the supply, educating our youth, or treating the abuser. You each have an important contribution to make in fighting the drug war. You each have a story to tell. And that is our purpose today, to find out what is happening on the front lines of the battlefield.

At this time, before I call the first panel, I wish to place Senator Shelby's prepared statement in the record.

[The prepared statement of Senator Richard Shelby follows:]

Speech by SENATOR RICHARD SHELBY Date: 04/24/89

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SENATOR HEFLIN, I COMMEND YOU ON YOUR WORK AND AM WILLING TO ASSIST YOU IN ANY WAY THAT I CAN.

Senator **Heflin**. I would like at this time, before we start with the panel, to introduce some of the staff members from the Judiciary Committee that are here. Karen Kremer, who is the staff director and chief counsel of the subcommittee for which I am chairman; Scott Williams, who is an attorney with the subcommittee; and Monique Abacherli, who is the chief clerk for the Subcommittee on Courts and Administrative Practices.

We are fortunate to have this year a congressional fellow from the Secret Service Agency, Mr. J.B. Floyd, who has been with us and who was very helpful in drafting the language that is contained in the Drug Bill that was passed last year.

We are delighted that all of these people could be with us today. These hearings are authorized by the Senate Judiciary Committee. A record will be made, and will, of course, be made available to all members of the Senate relative to what we have heard and what we have heard thus far. We have had hearings in Mobile and in Montgomery, and finishing the hearings here in Birmingham.

We are pleased to have an outstanding group of law enforcement and court officials with us today. Mr. Arthur Deutcsh, the chief of police of the Birmingham Police Department; Sheriff Mel Bailey, who has been several times to Washington to testify before the Judiciary Committee on various aspects of crime and who has really given us great testimony in the past when he has come there; Mr. William Wilkins, assistant chief of police of the Tuscaloosa Police Department; and the Honorable Pete Johnson, a district court criminal division judge of the tenth judicial circuit. We are pleased that each of you are here.

Chief Deutcsh, if you will, we will be delighted to hear from you.

PANEL CONSISTING OF ARTHUR DEUTCSH, CHIEF OF POLICE, BIRMINGHAM POLICE DEPARTMENT; A. MELVIN BAILEY, SHERIFF, JEFFERSON COUNTY SHERIFF'S DEPARTMENT; AND HON. PETE JOHNSON, DISTRICT COURT CRIMINAL DIVISION, TENTH JUDICIAL CIRCUIT

STATEMENT OF ARTHUR DEUTCSH

Mr. **Deutcsh**. I am very pleased and proud to be invited to sit on this panel with Judge Johnson, Mel Bailey, a police officer and a personal friend. The facts and figures you give are right on target. I would like to go back a little bit so I can come forward, and then I will turn it over to Sheriff Bailey.

I started in this profession in 1955, and at that time narcotics in New York City was a big problem. After seeing and working in New York City for 26 years as a detective and detective commander, I did not see the problem lessen. In fact it exacerbated. Now I come into the South and I see it picking up in the South, and of course it is happening throughout the country.

I would like to put an idea forward, if I can, an idea that is out there in some other cities. Strict legal and lawful enforcement has to continue. There is no doubt about it. But, I do not believe it is the final solution. I do not think it is the long-term solution. I think something that we are doing here—something that has been done in New York City and Los Angeles and a few other major cities in relation to education is going to be the final answer.

I brought along a few of our booklets that we teach in a public school system within the city of Birmingham. I will hand them out to you.

But briefly, what happens now is while we sit here and talk—there are six highly trained police officers, highly trained and motivated. One is behind me, Sergeant Mims, who are teaching over 3,000 children in the Birmingham Public School System. I believe this is the only real long-term solution to the drug scourge in this country, to the cancer that we have.

We will not feel its effects for maybe 5, 10 or 15 years down the line, but I honestly feel that as history and English and math have to be taught in our school system, there must be a national commitment to teach the problem of drugs to young people.

I asked to bring a young man here, and he sits behind me. His name is Jonathan Harris. Jonathan Harris is only 12 years old, but he is in a Birmingham Public School System, and he has been exposed to this program.

I do not know what is going to happen to Jonathan 10 or 15 years from now, but I know, no matter what his decisions are at that time, he is going to be better equipped to make them because as we teach them English, as we teach them mathematics, as we teach them history, we are also going to teach them about drugs. So when he has to make a value judgment, he is going to make it because he was educated properly by the Birmingham Police Department and the Birmingham School System. We are not doing it alone. We work part and parcel with them.

But I believe that what is needed is a national commitment that a program such as there has to be put into effect in every schoolhouse of our Nation.

[Mr. Deutcsh submitted the following material for the record:]

DARE TO SAY NO!

DRUG ABUSE
DARE
RESISTANCE EDUCATION

D
A
R
E

NAME ____________
SCHOOL ____________
OFFICER ____________
TEACHER ____________

TO BIRMINGHAM STUDENTS

Birmingham schools are participating in an exciting and interesting new program called DARE. DARE stands for Drug Abuse Resistance Education. Your school, local law enforcement and your parents are to be commended for their support and cooperation in offering the DARE program to you. We know you will gain a new friend in the law enforcement officer who teaches in your school.

Good luck to you as this program helps you DARE TO SAY NO.

Richard Arrington, Jr
Richard Arrington, Jr.
Mayor

John L. Cantelow
Jonn L. Cantelow
Superintendent of Education

Arthur V. Deutsch
Arthur V. Deutcsh
Chief of Police

DARE
WORD
LIST

DARE____

Appropriate____

Inappropriate____

Drug____

Consequences____

Peer Pressure____

Self-esteem____

Name ____________________

Teacher ____________________

DARE

DECISIONS ABOUT GROWING UP

The following statements are about young people and the decisions they must make every day. Read each statement and think about your beliefs. If you believe the statement is true, write TRUE in the space beside it. If you believe the statement is not true, write FALSE in the space beside it.

1. _____ When an older students tells you to give him money or he'll hurt you, you give him the money and do not tell an adult.
2. _____ Television commercials about drugs can be misleading.
3. _____ When you have a headache, you can take as many aspirins as you want and as often as you need them.
4. _____ You should be able to express your ideas and have grownups take you seriously.
5. _____ Young people try drugs because they want to know what drugs are like (curiosity).
6. _____ When someone pays you a compliment, you feel badly about what they've said.
7. _____ When you stand up straight and look someone in the eye, they will probably respect what you have to say.
8. _____ When you feel rushed, tired, sad, or angry, you are feeling a lot of stress (pressure).
9. _____ When a friend tries to get you to drink a beer, you should not tell your parents.
10. _____ If you want to have a good time at a party, you must drink beer.
11. _____ When you and your parents argue, it means that they don't love you.
12. _____ All people have the same rights that you do.
13. _____ Playing sports is a good way to relax and reduce stress (pressure).
14. _____ It is okay to smoke tobacco if you don't inhale.
15. _____ Exercising every day will make your heart grow stronger.
16. _____ Television "Public Service Spots" are usually true.
17. _____ Smoking or breathing fumes from "dope" will damage your heart and lungs.

DARE
WORD
LIST

Assertiveness____________________

Stress____________________

Stressors____________________

Media____________________

Risk____________________

Alternative____________________

Support System____________________

18. _____ A support group is a group of people who don't care about your feelings.

19. _____ It is okay to listen to your friends' problems and try to help them.

20. _____ Most of the time, your parents are the best people to help you with your problems.

21. _____ If you don't want to use drugs or alcohol you have a right to say no.

22. _____ Laws are made to protect people and to keep them safe.

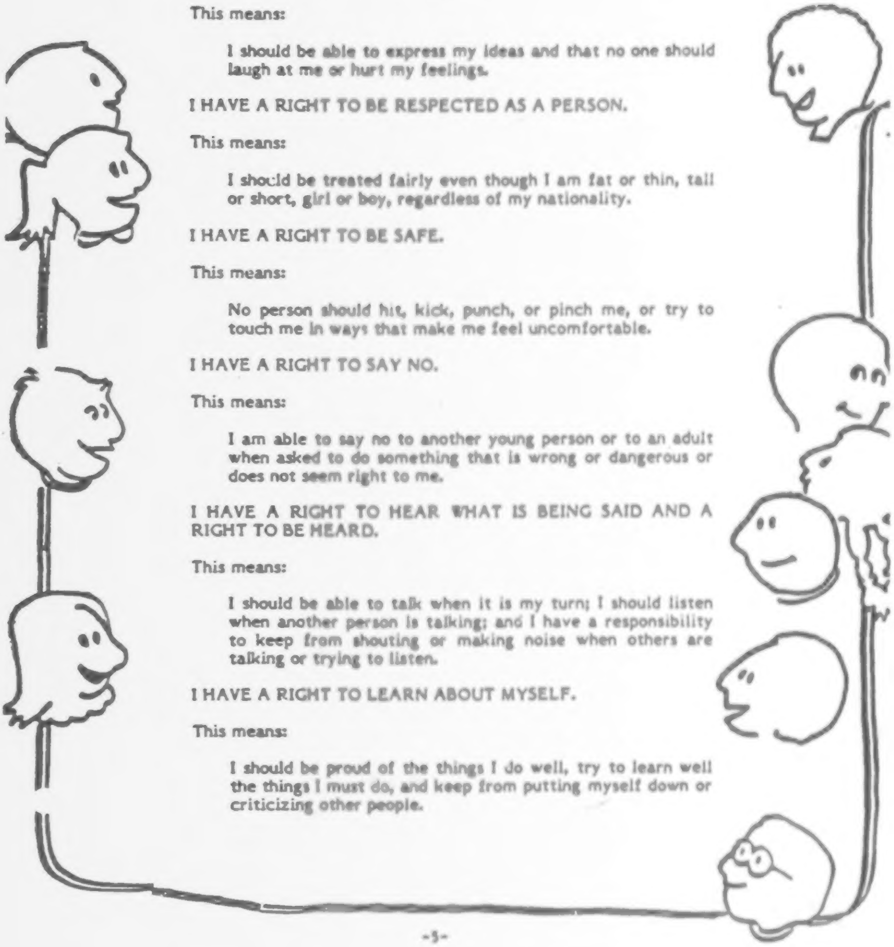
23. _____ If someone you like offers you a drug, there is no way to refuse.

24. _____ Drug abuse means the wrong use of a drug or medicine.

25. _____ Young people are well-informed about the dangers of smoking.

DARE

MY RIGHTS



I HAVE A RIGHT TO BE HAPPY AND TO BE TREATED WITH CARE AND UNDERSTANDING.

This means:

> I should be able to express my ideas and that no one should laugh at me or hurt my feelings.

I HAVE A RIGHT TO BE RESPECTED AS A PERSON.

This means:

> I should be treated fairly even though I am fat or thin, tall or short, girl or boy, regardless of my nationality.

I HAVE A RIGHT TO BE SAFE.

This means:

> No person should hit, kick, punch, or pinch me, or try to touch me in ways that make me feel uncomfortable.

I HAVE A RIGHT TO SAY NO.

This means:

> I am able to say no to another young person or to an adult when asked to do something that is wrong or dangerous or does not seem right to me.

I HAVE A RIGHT TO HEAR WHAT IS BEING SAID AND A RIGHT TO BE HEARD.

This means:

> I should be able to talk when it is my turn; I should listen when another person is talking; and I have a responsibility to keep from shouting or making noise when others are talking or trying to listen.

I HAVE A RIGHT TO LEARN ABOUT MYSELF.

This means:

> I should be proud of the things I do well, try to learn well the things I must do, and keep from putting myself down or criticizing other people.

Name ____________________

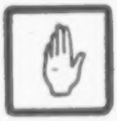
Teacher____________________

DARE

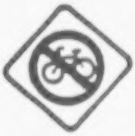
IT'S THE LAW

Part I. What Do the Signs Mean?

Directions: Match each sign with the word or words that explain it. Place the number of the correct answers in the spaces provided.



1



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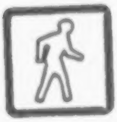

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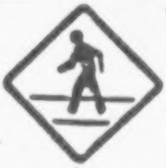


4

_____ Walk

_____ Don't Walk

_____ Crosswalk Ahead

_____ No Bicycles Allowed

Part II. Whom Do You Tell?

Directions: Complete the statements that follow:

1. You are playing kickball at school. A boy trips over you on his way to first base. Your knee hurts and is bleeding. Whom should you tell?

   ____

2. You are playing at school. A person whom you do not know calls your name. The person tells you that your parents asked him or her to take you home. Whom should you tell?

   ____

3. You are at home alone. Someone is breaking into the house next door. Whom should you tell?

   ____

4. A boy brings a gun to school. He says it belongs to his father. Whom should you tell?

   ____________________ ____________________

5. On the way to school your best friend is forced into a car. Whom should you tell?

____

6. A person in a car has asked you to find his dog. Whom should you tell?

____

7. A group of older students threatens to beat you up after school. Whom should you tell?

____

8. An older person you know wants to take you places if you promise "not to tell anyone." Whom should you tell?

____

Part III. Words to Know

LAWS--rules of conduct that are made by people elected to the government. Laws help people respect the rights of others. Laws are made to protect people and to keep them safe.

PEDESTRIAN--a person who is walking. A pedestrian must always obey traffic signals when crossing a street.

Complete the sentences telling your reasons for obeying laws and safety rules.

1. I obey safety rules because

____

____

2. I obey laws because

____

____

3. I should help others obey safety rules and laws because

____

____

At street corners where a traffic light controls traffic, you may cross only in marked crosswalks. You must always obey traffic signals. Where signals show the words "walk," "wait," or "don't walk," you must obey the special signals. It's the law.

Name __________________________

Teacher __________ Score __________

DARE

WHAT DO YOU KNOW ABOUT DRUGS?

Answer Sheet

The following statements are about drugs. Read each statement. In the spaces provided, write TRUE for those statements that are true and FALSE for those statements that are false.

__________ 1. Downers are drugs that make your heart beat faster.

__________ 2. It is safe to take a medicine that a doctor prescribes for someone else.

__________ 3. Drugs bought on the street are safe to use.

__________ 4. When you have a headache, you can take as many aspirins as you want to and as often as you need them.

__________ 5. It is dangerous to ride in a car with a driver who has been drinking alcohol.

__________ 6. Smoking marihuana may be more harmful than smoking regular cigarettes.

__________ 7. PCP can produce uncontrollable behavior in people who use it.

__________ 8. Drug abuse means the wrong use of a drug or a medicine.

__________ 9. Using drugs regularly can be habit-forming.

__________ 10. Uppers are drugs that make people feel sleepy.

__________ 11. If a friend offers you a drug, it is probably safe to take.

__________ 12. If someone you like offers you a drug, there is no way to refuse.

__________ 13. Breathing deeply is a good way to feel better when you are upset.

__________ 14. Almost five out of every ten students your age use drugs like marihuana and alcohol.

__________ 15. Some people start using drugs and alcohol because their friends do.

__________ 16. People should talk problems over with a person they trust.

Name ________________________

Teacher______________________

DARE

CONSEQUENCES OF USING AND OF CHOOSING NOT TO USE DRUGS

Part I: Alcohol

What are consequences of using alcohol?	What are consequences of choosing not to use alcohol?
1. ____________________	1. ____________________
2. ____________________	2. ____________________
3. ____________________	3. ____________________
4. ____________________	4. ____________________

Part II: Marihuana

What are consequences of using marihuana?	What are consequences of choosing not to use marihuana?
1. ____________________	1. ____________________
2. ____________________	2. ____________________
3. ____________________	3. ____________________
4. ____________________	4. ____________________

Part III: Consequences thought of by other students

Alcohol - what are consequences of using alcohol?	What are consequences of choosing not to use alcohol?
1. ____________________	1. ____________________
2. ____________________	2. ____________________

Marihuana - what are consequences of using marihuana?	What are consequences of choosing not to use marihuana?
1. ____________________	1. ____________________
2. ____________________	2. ____________________

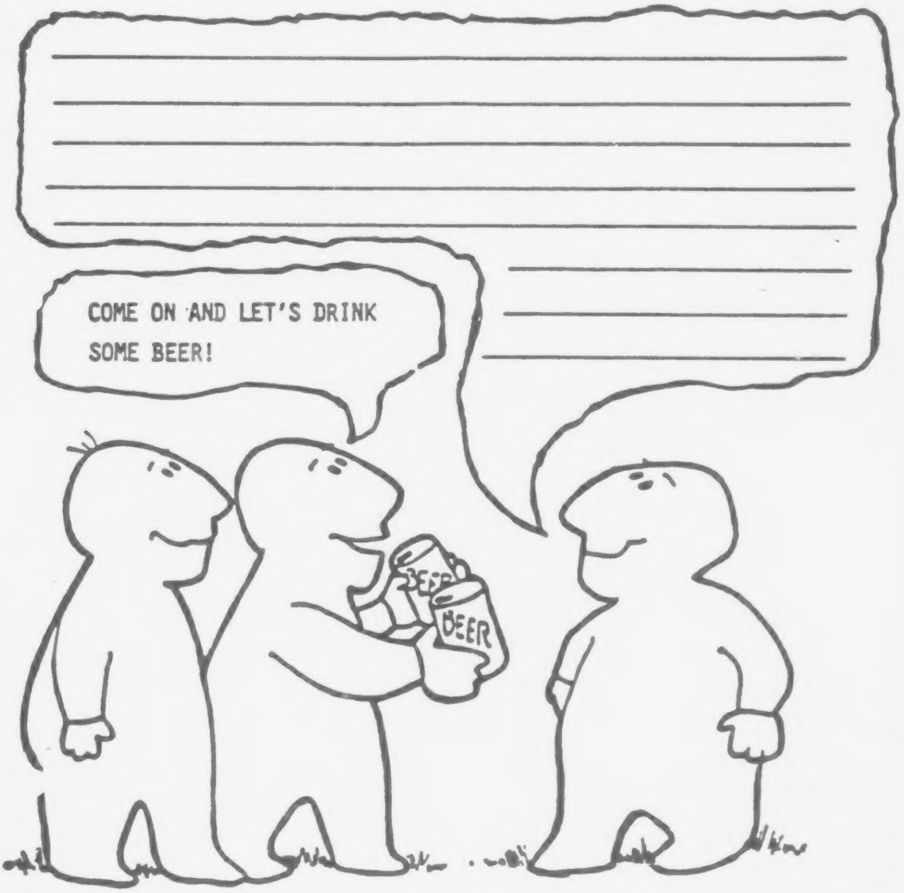
Name ______________________

Teacher____________________

DARE

SAYING NO TO FRIENDLY PRESSURE

DIRECTIONS: Read the cartoon and think of a way to say no to the offer. Write your idea in the empty bubble.


COME ON AND LET'S DRINK SOME BEER!
BEER
BEER

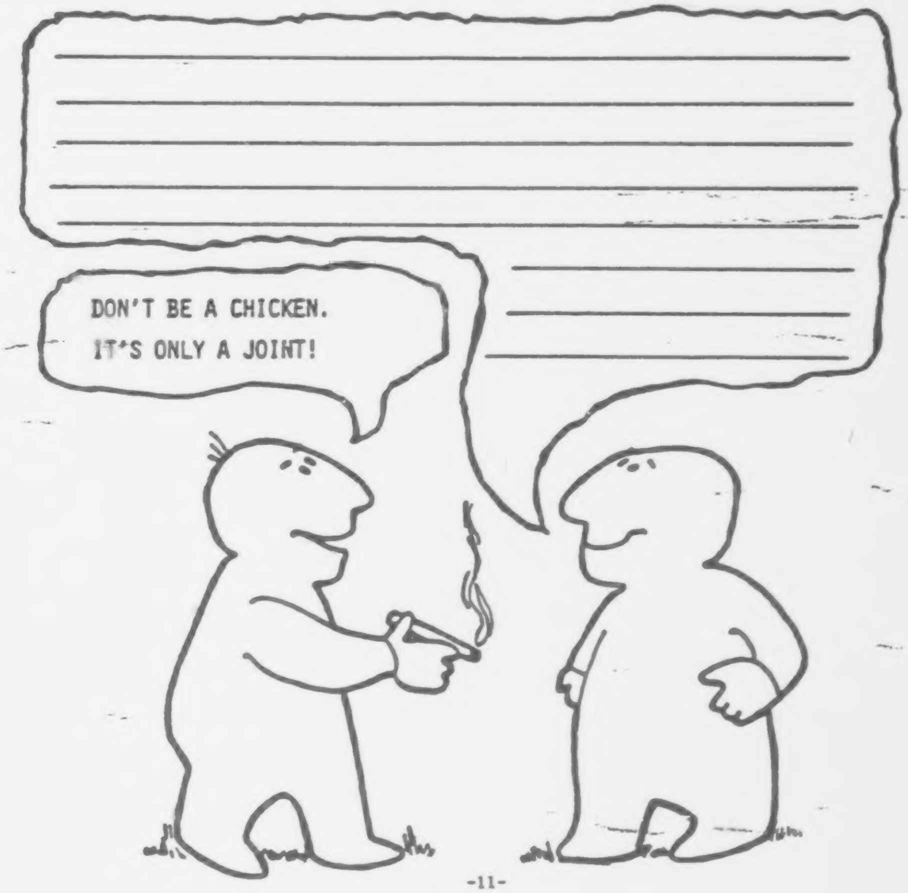
Name ____________________

Teacher____________________

DARE

SAYING NO TO TEASING PRESSURE

DIRECTIONS: Read the cartoon and think of a way to say no to the offer. Write your idea in the empty bubble.


DON'T BE A CHICKEN.
IT'S ONLY A JOINT!

DARE

WAYS TO SAY NO

1. Saying "No thanks"	"Would you like a drink?" "No thanks."
2. Giving a reason or excuse	"Would you like a beer?" "No thanks. I don't like the taste."
3. Broken record or saying no as many times as necessary	"Would you like a hit?" "No thanks." "Come on!" "No thanks." "Just try it!" "No thanks."
4. Walking away	"Do you want to try some marihuana?" Say no and walk away while saying it.
5. Changing the subject	"Let's smoke some marihuana." "I hear there's a new video game at the arcade."
6. Avoid the situation	If you know of places where people often use drugs. Stay away from those places. If you pass them on the way home, go another way.
7. Cold shoulder	"Hey! Do you want a beer?" Just ignore the person.
8. Strength in numbers	Hang around with non-users, especially where drug use is expected.

Name ______________________

Teacher ______________________

DARE

WHY SOME YOUNG PEOPLE USE/DON'T USE DRUGS

Part I

DIRECTIONS: Here are some reasons often given by young people for using drugs. Can you think of other reasons to add? Check five reasons you hear most often. Which reasons did your class check as the five most frequently heard?

_____ "I want to find out what drugs are like."

_____ "I am bored."

_____ "I find it easier to talk to people."

_____ "I'm lonely and want to fit in."

_____ "I want to forget my problems."

_____ "I want to have fun."

_____ "I want to get back at my parents."

_____ "I am afraid to say no."

_____ "I have too much pressure."

_____ "I don't feel good about myself."

_____

_____

Part II

DIRECTIONS: Here are some reasons often given by young people for not using drugs. Can you think of other reasons to add? Which reasons did your class check as the five most frequently heard?

_____ "I am afraid of drugs."

_____ "I don't think my friends use drugs."

_____ "I want to fit in with my friends."

_____ "I am allergic to drugs."

_____ "I would disappoint my parents."

_____ "I don't want my sister/brother to lose respect for me."

____ "I can't afford drugs."

____ "I can get high without drugs."

____ "I don't need to have drugs to be popular."

____ "I'm too busy to mess around with drugs."

____ "I don't want to harm my body."

____

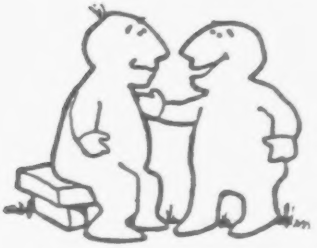
____

Name ____________________

Teacher____________________

DARE

GIVING A COMPLIMENT



COMPLIMENTS

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____

One compliment I could give myself is that I ____________________

____

____

____

DARE

Teacher ____________

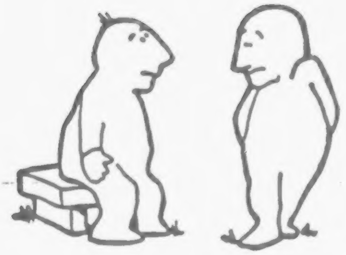
DIRECTIONS: Create a personal license plate! Write in the month you were born, the state, and the year. Use no more than six letters and numbers.

Example:

Month	State	Year
September	Alabama	1988
I	AM	OK

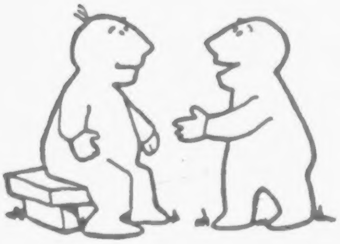
DARE

RESPONSE STYLES



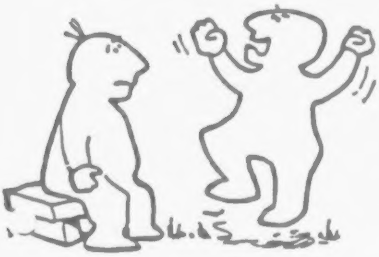
UNSURE (PASSIVE)

Actions	Nonverbal Behavior
-Don't let others Know what your rights are	-Show poor posture
-Do whatever anyone else wants you to do	-Speak softly -Look nervous
-Let others get away with things you don't like.	-Don't have eye contact -Sound unsure



CONFIDENT (ASSERTIVE)

Actions	Nonverbal Behavior
-Declare your own rights	-Stand up straight
-Respect the rights of others	-Have good eye contact
-Don't let others push you into doing something you don't want to do	-Sound clearly -Sound confident and calm
-Follow through with your responsibilities to others	



DEMANDING (AGGRESSIVE)

Actions	Nonverbal Behavior
-Disregard the rights of others	-Present a stiff body
-Make other people feel bad	-Speak loudly
-Don't follow through with your responsibilities to others	-Sound angry or sarcastic -Stare

Name ______________________

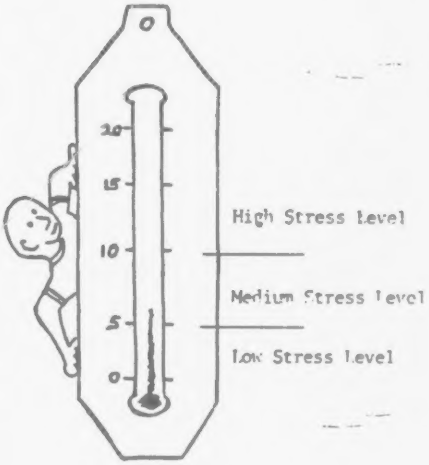
Teacher______________________

DARE

MY STRESS LEVEL

DIRECTIONS: Answer the questions below. If your answer is yes, put a check mark in the yes column. If you answer is no, put a check mark in the no column.

In the last month, have you	Yes	No
1. taken a test?	___	___
2. had an argument or been in a fight?	___	___
3. been late for something?	___	___
4. had something exciting happen to you?	___	___
5. felt lonely or depressed?	___	___
6. taken a trip or gone to an amusement park?	___	___
7. met someone new?	___	___
8. failed to do your chores?	___	___
9. competed in a game or race?	___	___
10. had too many things to do?	___	___
11. had trouble with school work?	___	___
12. failed to complete an assignment?	___	___
13. helped plan a special party or event?	___	___
14. had to be the first one to do something?	___	___
15. been embarrassed?	___	___
TOTAL	___	___



Name ____________________

Teacher____________________

DARE

STRESSORS

DIRECTIONS: Make a list of stressful situations that happened to you during the past week. On the line next to each stressful situation, write what you did to help you cope with that situation.

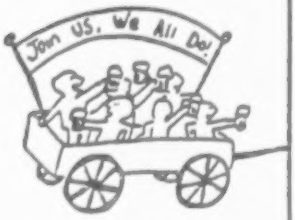
	Stressful Situation	Coping Response
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

DARE

ADVERTISING TECHNIQUES

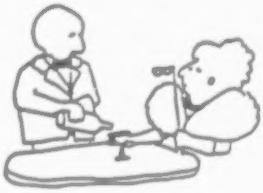
Here are a number of ways that people are pressured by advertisers to use their products.

BANDWAGON APPROACH


Join US, We All Do!

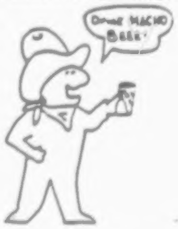
Everybody drinks it

SNOB APPEAL



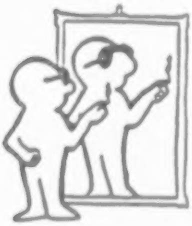
Only rich and famous people use it

PERSONAL TESTIMONY


Drink MACHO Beer!

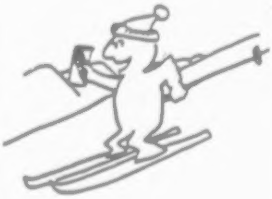
Try it, you'll like it

SEX APPEAL



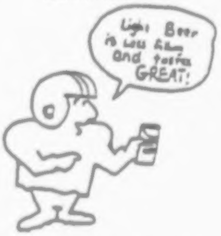
Beautiful people

HAVING FUN



Enjoy it

COMPARISON


Light Beer is less filling and tastes GREAT!

Light beer is better than regular beer

Think About It

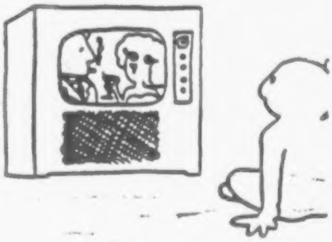
1. How is each technique influencing or pressuring people to use the product?
2. What is not being told about the product?

Name ____________________

Teacher ____________________

DARE

DRUGS AND THE MEDIA



DIRECTIONS: Choose one of the following to study:

a. A commercial about alcohol or a drug product on TV

b. A magazine ad about an alcohol or drug product

Answer the following questions about your advertisement:

1. What product is the ad selling?

____

____

2. Which technique is used in this ad? (Some ads may use more than one)

_____ Bandwagon	_____ Sex appeal
_____ Comparison	_____ Having fun
_____ Personal testimony	_____ Other (explain)

____

____

3. What is the ad trying to make you think (with words and pictures)?

____

____

4. What information about the alcohol or drug product is not given in the ad?

____

____

Name ____________________

Teacher____________________

DARE

THE CHOICES YOU MAKE

Worksheet

A number of influences are responsible for the choices we make. The major influences are:

F (Family) - member of the family and other adults
P (Peers) - friends and other young people
M (Media) - advertisements, including radio and TV commercials
V (Values) - values (standards for behaving, respect for one's own feelings, and respect for the rights of other people)

DIRECTIONS: Below is a list of the decisions that people make. Read each item and then decide which of the influences listed above would be the most important in making that decision. Write the appropriate letter(s) in the box next to each item.

Deciding about:

☐ 1. your hairstyle

☐ 2. the clothes you choose for yourself

☐ 3. the sports you play

☐ 4. the music you like

☐ 5. the places you like to go

☐ 6. what you do when school is out

☐ 7. the things you like to buy

☐ 8. whether to ask a new classmate to join in a game

☐ 9. the way you act in public places

☐ 10. the way you act at a friend's house

☐ 11. the foods you choose to buy

☐ 12. whether to turn in money that you found

☐ 13. the TV programs you watch

☐ 14. whether you lie or tell the truth about something you did wrong

Name ______________________

Teacher______________________

DARE

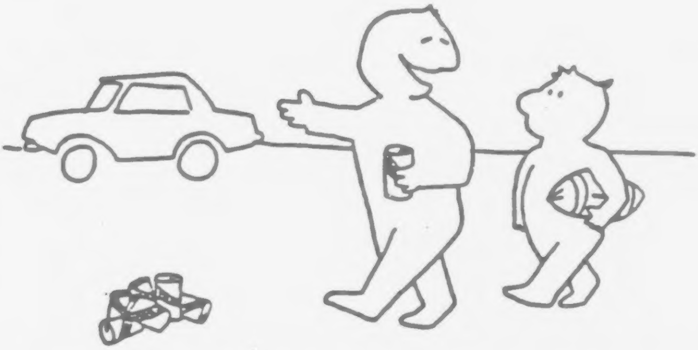
RISKS AND RESULTS

DIRECTIONS: Before reading the story below, think about the meaning of the words listed below:

risk--to take a chance
result--what might happen
decide--to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper

JOHN



John likes to play football with his older brother. One day they went to the park to play. A friend of John's brother went along. The friend drank beer all afternoon. After the game the friend offered to drive John home.

1. What is the risk?
2. What are the possible choices John can make?
3. What might happen if John decides to ride with the friend?
4. What might happen if he refuses?
5. What else can he do?
6. What should he decide?
7. Is the risk worth taking? Why or why not?

Name ____________________

Teacher____________________

DARE

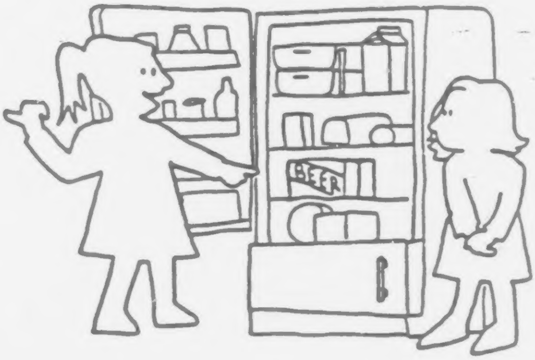
RISKS AND RESULTS

DIRECTIONS: Before reading the story below, think about the meaning of the words listed below:

risk—to take a chance
decide—to choose
result—what might happen

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper

JENNY



Jenny just moved to a new neighborhood. She does not have any friends. One of the older girls who lives across the street invited Jenny to a party. She said that going to the party was a good way for Jenny to make new friends. The girl told Jenny to try to bring some of her father's beer or liquor to the party.

1. What is the risk?
2. What are the possible choices Jenny can make?
3. What might happen if Jenny takes her father's beer and goes to the party?
4. What might happen if she refuses?
5. What else can she do?
6. What should she decide?
7. Is the risk worth taking? Why or why not?

Name ____________________

Teacher____________________

DARE

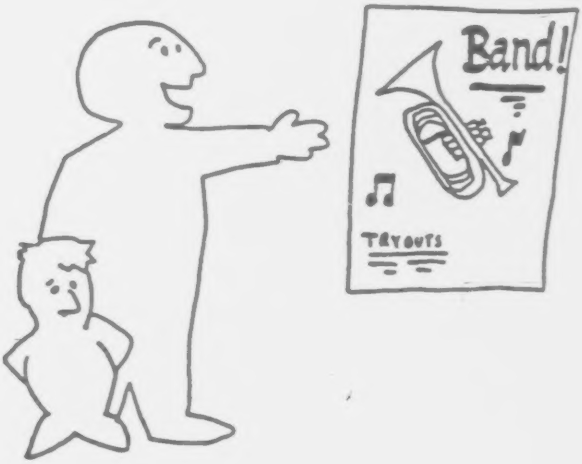
RISKS AND RESULTS

DIRECTIONS: Before reading the story below, think about the meaning of the words listed below:

risk—to take a chance
result—what might happen
decide—to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper

PHILIP



Philip has been asked to try out for the junior band. He does not think he is good enough, but his dad thinks he should try.

1. What is the risk?
2. What are the possible choices Philip can make?
3. What might happen if Philip decides to try out?
4. What might happen if he refuses?
5. What else can he do?
6. What should he decide?
7. Is the risk worth taking? Why or why not?

Name ____________________

Teacher____________________

DARE

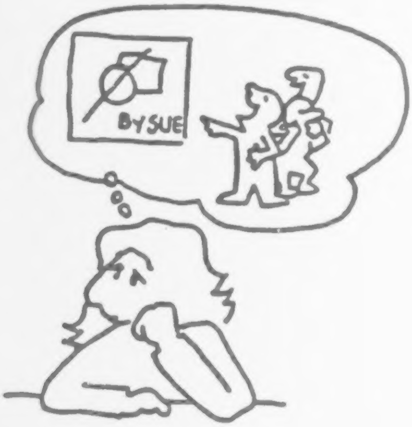
RISKS AND RESULTS

DIRECTIONS: Before reading the story below, think about the meaning of the words listed below:

risk—to take a chance	result—what might happen
decide—to choose	

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper

SUE



Sue likes art. Someday she hopes to be an artist like her mother. Sue's teacher wants to enter one of Sue's posters in a contest at the art museum. She is afraid that people will make fun of her if she does not win.

1. What is the risk?
2. What are the possible choices Sue can make?
3. What might happen if Sue decides to enter the contest?
4. What might happen if Sue refuses?
5. What else can Sue do?
6. What should Sue decide?
7. Is the risk worth taking? Why or why not?

Name ____________________

Teacher____________________

DARE

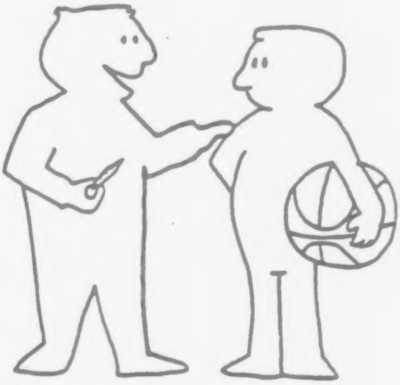
RISKS AND RESULTS

DIRECTIONS: Before reading the story below, think about the meaning of the words listed below:

risk—to take a chance	result—what might happen
decide—to choose	

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper

JIM



Some older boys let Jim shoot basketball with them. After practice, one of the boys asks Jim if he wants to smoke some marihuana.

1. What is the risk?
2. What are possible choices Jim can make?
3. What might happen if Jim decides to smoke the marihuana?
4. What might happen if he refuses?
5. What else can he do?
6. What should he decide?
7. Is the risk worth taking? Why or why not?

Name ____________________

Teacher____________________

DARE

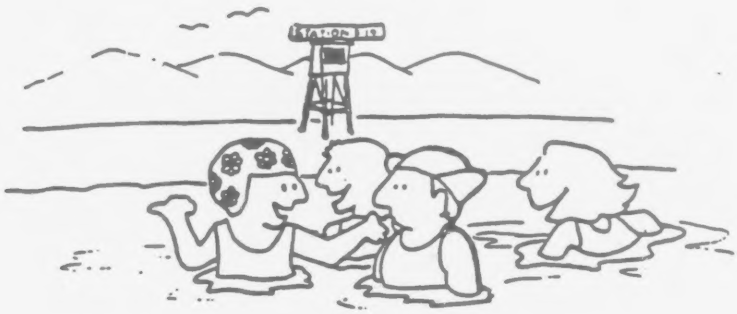
RISKS AND RESULTS

DIRECTIONS: Before reading the story below, think about the meaning of the words listed below:

risk--to take a chance
result--what might happen
decide--to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper.

SARA



Sara is not a very good swimmer. She has always been afraid of the water. One day she and a group of friends went to the beach. Someone suggested that they swim out in the deep water beyond the lifeguard station.

1. What is the risk?
2. What are possible choices Sara can make?
3. What might happen is Sara decides to take the risk?
4. What might happen if she refuses?
5. What else can she do?
6. What should she decide?
7. Is the risk worth taking? Why or why not?

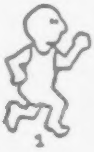
Teacher___________________

DARE

NAME THE GAME

DIRECTIONS: Match each picture with the name of the game it represents. Place the numbers for the pictures in the left hand column and complete each word by filling in the missing letters.

No.	Name
___	Base ___ $\underset{1}{\underline{\quad}}$ ___ ___
___	Soc ___ e $\underset{2}{\underline{\quad}}$
___	Bi ___ $\underset{3}{\underline{\quad}}$ cling
___	Ru $\underset{4}{\underline{\quad}}$ ___ ing
___	$\underset{5}{\text{S}}$ ___ ___ ___ ing
___	Te ___ ___ is
___	Vo ___ ___ eyball
___	$\underset{6}{\underline{\quad}}$ ___ mnastics
___	Swi ___ ___ ing
___	___ $\underset{7}{\underline{\quad}}$ mp Rope
___	F $\underset{8}{\underline{\quad}}$ ___ $\underset{9}{\underline{\quad}}$ ball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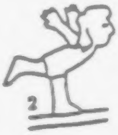
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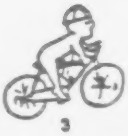
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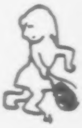
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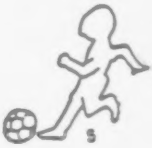
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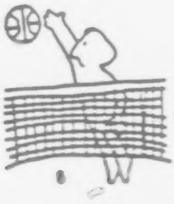
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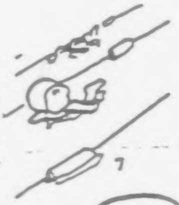
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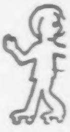
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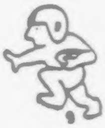
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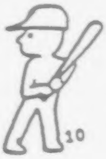
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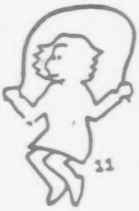

11

1. Which activities can you do alone?
2. Which activities can you do with a friend?
3. Which activities can you do with a group of friends?

HIDDEN MESSAGE

Use the letters in the numbered blanks above to find the hidden message.

$\underset{5}{\underline{\quad}}\ \underset{1}{\underline{\quad}}\ \underset{3}{\underline{\quad}}\qquad \underset{4}{\underline{\quad}}\ \underset{8}{\underline{\quad}}\qquad \underset{9}{\underline{\quad}}\ \underset{8}{\underline{\quad}}\qquad \text{D}\ \underset{2}{\underline{\quad}}\ \underset{7}{\underline{\quad}}\ \underset{6}{\underline{\quad}}\ \underset{5}{\underline{\quad}}$

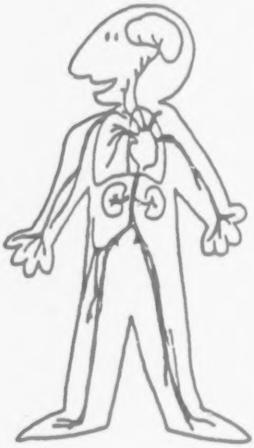
HAVE A HEALTHY HEART

Teacher ____________________

Your heart is a muscle. It is shaped like a pear

and is about the size of your fist.

Your heart pumps blood to all parts of your body.



Exercise makes your muscles strong and firm. Firm muscles help you have good posture. Exercise helps your heart grow stronger. Your heart is a muscle. It is located near the middle of your chest. Your heart pumps blood to all parts of your body. The blood carries oxygen and food to your body cells. Your heart beats about 70 to 90 times per minute.

When you exercise, your heart beats faster than usual. Your heart must work harder to pump extra blood to your muscles. Exercising every day will make your heart grow stronger. You will be able to run harder without getting tired. This is called endurance. Heart-strengthening exercises or aerobics (using oxygen) use movements involving your whole body. Such activities include running, jumping, bike riding, and dancing. You can tell how fast your heart is beating by feeling your pulse.

Your body needs rest, too. Both exercise and rest are needed for good health. Smoking or breathing in the fumes contained in dope and tobacco can damage the heart and lungs. This can lead to poor health.

DIRECTIONS:

Fill in the missing words in the sentences below.

1. Your heart pumps ____________________
____
2. The blood carries __________ and __________
3. When you exercise, your heart beats ______
____
4. When your heart is strong, you can ________
____
5. What can cause damage to the heart and lungs? ____________________________
6. Some heart-strengthening exercises are
____
7. My resting pulse rate is ______________
8. My pulse rate after exercise is __________

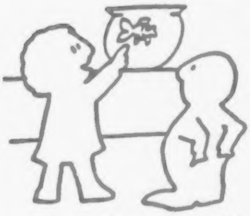
Name ____________________

Teacher____________________

DARE

WHAT I LIKE TO DO?

DIRECTIONS: Read the story and complete the statements that follow:



The students in Mrs. Reed's class were asked to tell what they liked to do best in their spare time. Billy said that he liked to play basketball. Sue said that she liked to fly kites. Mary said that she liked to paint pictures, and Ralph said that he liked to look at the stars.

Now you know the ways in which some students spend their time. What are some of the things you like to do? Use the lines below to describe your interests.

In my spare time, I enjoy the following activities: ____________________

____

____

I do the following things well:____________________

____

____

My favorite game is: ____________________

My favorite hobby is:____________________

My favorite way to have fun with friends is: ____________________

____

____

My favorite way to have fun alone is: ____________________

____

I would like to learn to: ____________________

____

Why are these activities better than taking drugs?____________________

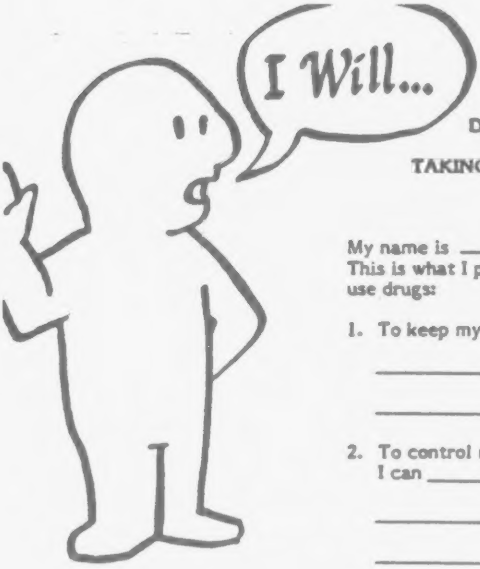
____

____

____

Name ____________________

Teacher ____________________



DARE

TAKING A STAND

My name is ______________________________
This is what I plan to do to keep from being pressured to use drugs:

1. To keep my body healthy, I will ____________________

2. To control my feelings when I have stress or am angry, I can ____________________

3. If I have to decide whether or not to take a risk, I can ____________________

4. If a friend tries to pressure me to use alcohol or marihuana, I can ____________________

5. If I want to do something that is fun or that offers adventure, I can ____________________

6. If I see people using alcohol or drugs on television, I can ____________________

Name ____________________

Teacher ____________________

DARE

CHOOSING FRIENDS

Here is a list of qualities that people look for when choosing friends. Which ones do you look for? Check the qualities that you look for when choosing friends.

_____ They have the same interests I have.

_____ They are honest with me.

_____ They tell me if something is wrong without hurting my feelings.

_____ They are fun to be with.

_____ They share their feelings with me.

_____ I can count on them.

_____ They try to help me with my problems.

_____ They care about me and others.

_____ They try their best.

_____ They will do things with me.

_____ They are people who won't get me into trouble.

_____ They are sharing not selfish.

_____ They aren't bossy.

_____ They don't pick fights.

What other qualities can you think of? ____________________________________

____

____

List the three qualities which you think are most important to you:

____

____

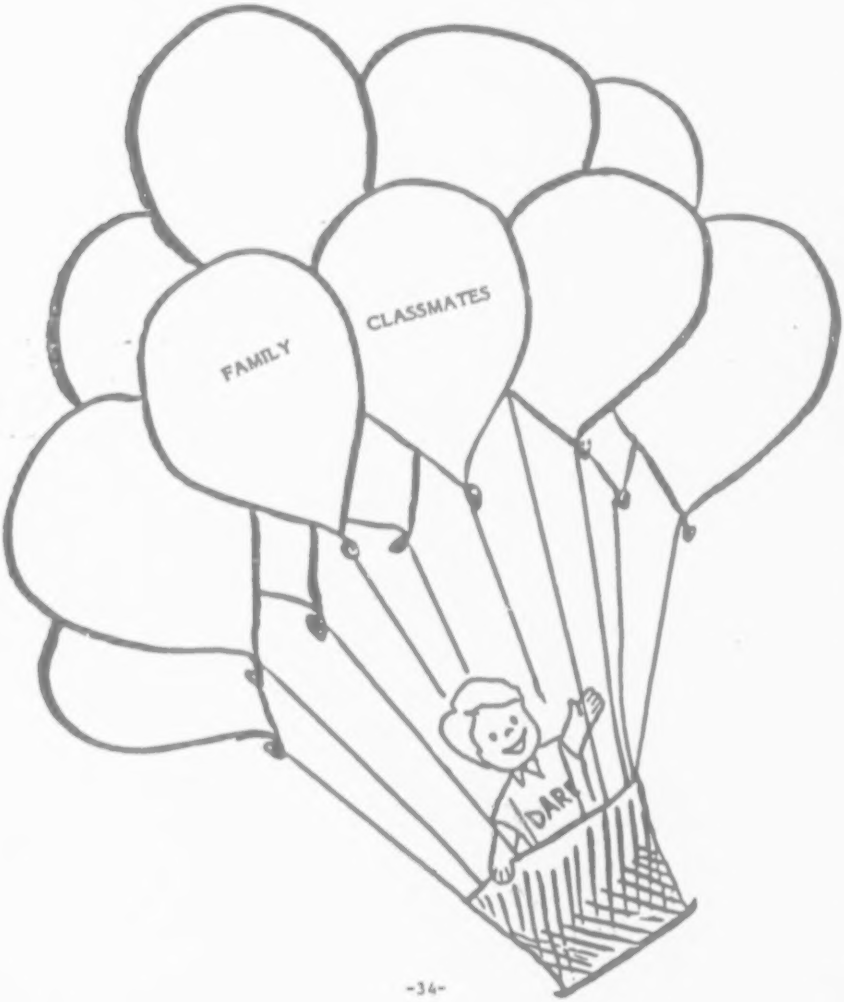
____

Teacher______________________

DARE

MY SUPPORT SYSTEM

DIRECTIONS: In each balloon, write the name of a support group that you belong to or that you would like to join.


FAMILY
CLASSMATES
DARE

Name ______________________

Teacher ______________________

DARE

DECISIONS ABOUT GROWING UP

The following statements are about young people and the decisions they must make every day. Read each statement and think about your beliefs. If you believe the statement is true, write TRUE in the space beside it. If you believe the statement is not true, write FALSE in the space beside it.

1. _____ When an older students tells you to give him money or he'll hurt you, you give him the money and do not tell an adult.
2. _____ Television commercials about drugs can be misleading.
3. _____ When you have a headache, you can take as many aspirins as you want and as often as you need them.
4. _____ You should be able to express your ideas and have grownups take you seriously.
5. _____ Young people try drugs because they want to know what drugs are like (curiosity).
6. _____ When someone pays you a compliment, you feel badly about what they've said.
7. _____ When you stand up straight and look someone in the eye, they will probably respect what you have to say.
8. _____ When you feel rushed, tired, sad, or angry, you are feeling a lot of stress (pressure).
9. _____ When a friend tries to get you to drink a beer, you should not tell your parents.
10. _____ If you want to have a good time at a party, you must drink beer.
11. _____ When you and your parents argue, it means that they don't love you.
12. _____ All people have the same rights that you do.
13. _____ Playing sports is a good way to relax and reduce stress (pressure).
14. _____ It is okay to smoke tobacco if you don't inhale.
15. _____ Exercising every day will make your heart grow stronger.
16. _____ Television "Public Service Spots" are usually true.
17. _____ Smoking or breathing fumes from "dope" will damage your heart and lungs.

18. _____ A support group is a group of people who don't care about your feelings.

19. _____ It is okay to listen to your friends' problems and try to help them.

20. _____ Most of the time, your parents are the best people to help you with your problems.

21. _____ If you don't want to use drugs or alcohol you have a right to say no.

22. _____ Laws are made to protect people and to keep them safe.

23. _____ If someone you like offers you a drug, there is no way to refuse.

24. _____ Drug abuse means the wrong use of a drug or medicine.

25. _____ Young people are well-informed about the dangers of smoking.

Name ____________________

Teacher__________Score_________

DARE

WHAT DO YOU KNOW ABOUT DRUGS?
Answer Sheet

e following statements are about drugs. Read each statement. In the spaces ovided, write TRUE for those statements that are true and FALSE for those atements that are false.

__________ 1. Downers are drugs that make your heart beat faster.

__________ 2. It is safe to take a medicine that a doctor prescribes for someone else.

__________ 3. Drugs bought on the street are safe to use.

__________ 4. When you have a headache, you can take as many aspirins as you want to and as often as you need them.

__________ 5. It is dangerous to ride in a car with a driver who has been drinking alcohol.

__________ 6. Smoking marihuana may be more harmful than smoking regular cigarettes.

__________ 7. PCP can produce uncontrollable behavior in people who use it.

__________ 8. Drug abuse means the wrong use of a drug or a medicine.

__________ 9. Using drugs regularly can be habit-forming.

__________ 10. Uppers are drugs that make people feel sleepy.

__________ 11. If a friend offers you a drug, it is probably safe to take.

__________ 12. If someone you like offers you a drug, there is no way to refuse.

__________ 13. Breathing deeply is a good way to feel better when you are upset.

__________ 14. Almost five out of every ten students your age use drugs like marihuana and alcohol.

__________ 15. Some people start using drugs and alcohol because their friends do.

__________ 16. People should talk problems over with a person they trust.

Senator **Heflin**. Could we have one of those and put it in the record as part of your testimony?

I would rather wait to ask questions, but I would like to make the comment that I was reading the testimony of Beverly Dixon, and she was mentioning the DARE Program. She, of course, is the drug education facilitator for the Birmingham School System, and her testimony goes with yours as to the effectiveness of the DARE Program. We will be getting back to you later.

We are pleased to have Sheriff Mel Bailey, who from the point of service in the State of Alabama probably has the greatest tenure or length of service of any sheriff in the State. Is that correct?

Mr. **Bailey**. Very close, Senator. Mac Butler has got me by a term.

Senator **Heflin**. Has he?

Mr. **Bailey**. Yes, sir.

I just take the liberty of that because it may go around or are picked up by the media that might say that I had not served that long or quit. [Laughter.]

But I am just beginning, so I will just keep running. The Lord has been good to me.

STATEMENT OF A. MELVIN BAILEY

Mr. **Bailey**. Judge—affectionately I call you judge—chief justice formerly, and now our Senator from Alabama, one of our esteemed representatives there in the Senate of the U.S. Government.

I deem it an honor to be aboard here with you and to discuss this raging problem that is here and else where bothering—and really it is rather encouraging to know that you are here extending yourself to this laborious task of gathering information.

There was a time it appeared that there was not a great care at the seat of Government, but you have shown that you are into it real good, and I noticed President Bush was down in Miami doing some work in the same way, talking to people about this raging problem.

In 1983—this was in Birmingham, Jefferson County Metro area—a kilo of cocaine purchased in the Birmingham area cost approximately $70,000. In 1986, moving up 3 years, a kilo of cocaine sold for approximately $40,000. In 1988, this same kilo of cocaine could be purchased for approximately $20,000. Not to read all of this—you got copies of it, but the gradually decreasing price is impacting on the fact that there is a large, in fact deluge of cocaine coming into this area, and the price is lowering, but the distribution is even greater.

So, we are not satisfied with the cost coming down. We are concerned about the additional users and the heavy distribution in the area. This, of course, means that in 1983, it appeared that the drug was only 25 to 35 percent purity, whereas today this purity has increased to 90 percent. The fact has been—this has been a cause of more problems because the increase in the strength of the drug has probably contributed to an increase in the addiction of the drug.

We and the administration of our programs to enforce and to prevent, as Chief Deutcsh pushing the program of DARE, we are publishing a booklet more lately, and I have some coming to you.

We call it "Heidi and Seek" built around one of our sniffer dogs. This has been one of the most educational tools that I have seen in the program impressing on our young kids a tool of an animal being able to search out and identify at least seven, maybe eight drugs that are in our educational systems at every level.

To point up what Chief Deutcsh said, too, when he began in 1955, I was one of two that the first drug investigators put on the then Birmingham Police Department first drug detail. Then we estimated we had about 200 users in the whole of Jefferson County. Today, I would not hazard a guess. It has to run into the thousands because of the number of cases that were making, as Judge Johnson will point up later.

Initially, we had it pretty well established that one drug user would hurry to make four friends so that when he got without drugs, he would have some contacts. Today, that is no longer an elementary fact. I have often said rather exhaustively that uniform—the sergeant here could probably go out there in uniform to buy drugs. It is that bad all around.

My reflection on the effort of law enforcement—we are shooting for the major offender. We no longer concern ourselves as a drug unit on the mere possession of a roach or two of marijuana or a random pill or two of some sort. What we go for are the supplier and the distributor and the major traffic.

In the past 18 months, the drug problem in this area of Jefferson County has centered mostly on the use of coke or in the form of crack. That is the raging drug.

I switch quickly to something we have done this year. Analyzing the No. 1 offense committed against our citizenry is burglary, resident burglary. I hesitate not to risk no contradiction that it is that way all over the United States. Burglary is the No. 1 offense. If you ask, Judge Heflin, this crowd in the court room, there would be 40 to 50 percent of them who are victims. Just this small group.

So, burglary and larceny from the person or from his home or business is eating us alive. We are moving people out of two-man cars, leaving them only one for the car at the risk, somewhat, to that lone operator, into the drug unit because we can back burglars up on these who persist in the use in traffic of drugs and clear burglars, and recover every conceivable item of theft, more particularly weapons of every sort—automatic and semiautomatic—gold jewelry, all sorts of accessories, typewriters, calculators, VCR's, televisions, and on and on, ad infinitum.

With that said, I have offered to you the reports that support these gradually decreasing cost of drugs. Starting with 1986, the seven men in the Birmingham division made 371 arrests, seized $2,484,706 in confiscated property, $68,761.70 in U.S. currency. Moved over to 1987, you see the increase here from 371 in the year of 1986 to 574 in 1987; almost 100 additional arrests—486—confiscated property; $2,088,634, U.S. currency, $132,555.20. In the year 1988, we just come off 574 arrests—seven men, I say—confiscated property, $62,116,251; seized $408,433 U.S. currency.

It is just escalating.

[The prepared statement of Mr. Bailey follows:]

FRANK E. ROGERS
Chief Deputy
ROBERT F. "BOB" BROOKS
Administrative Assistant

EARL ROBINS
Assistant Sheriff

MELVIN BAILEY
SHERIFF, JEFFERSON COUNTY
CRIMINAL JUSTICE CENTER ● 801 NORTH 21st STREET ● BIRMINGHAM, ALABAMA 35203-0122

April 24, 1989

TO: The Honorable Howell Heflin
Chairman, Subcommittee on Courts
and Administrative Practice

FROM: Sheriff Melvin Bailey MB

RE: Statement-Drug Problem

In 1983, a kilo of cocaine purchased in the Birmingham area cost approximately $70,000.00. In 1986, a kilo of cocaine sold for approximately $40,000.00. In 1988, this same kilo of cocaine could be purchased for approximately $20,000.00. This decrease in the price indicates that the supply has increased to the point that competition has had the effect of drastically lowering the price. While the wholesale price of a kilo has been lowered, the street value of cocaine has remained fairly constant with a gram of coke selling for approximately $100.00. The thing that has changed for the street dealers, however, is the purity of the drug. In 1983, the purity of the drug was only about 25 - 30%, whereas today the purity has increased to approximately 90%. This fact has been the cause of more problems because the increase in strength of the drug has probably contributed to an increase in the addiction to the drug as well as increased the number of addicts who overdose on the substance.

In the past 18 months, the drug problem in this area has centered mostly on the use of cocaine in the form of crack. We have witnessed the opening of several crack houses. It is my opinion that these crack houses are the more serious threat to the safety of law enforcement officers. The reason I believe this is because when the narcotics officers enter these crack houses, they are often confronted by a large number of offenders, usually 20 - 30 individuals who are all under the influence of crack and in many cases are heavily armed. The existence of these crack houses, combined with the condition of the offenders under the influence of drugs and the manner that they are presently arming themselves with high powered weapons, leads me to believe that we are fast approaching a time where the life of a narcotics officer is in the greatest jeopardy of all times. If we are to combat this threat to these officers, we must be ready to supply those things which are essential to his safety; namely, adequate manpower to perform the job as well as the most up-to-date weaponry available.

While cocaine in its various forms is undoubtedly the choice drug of the drug abuser today, we must remain aware of the problem that other drugs have the potential to create; such as, in the past years we have witnessed a decline in the use of heroin in this area. However, in January and February of 1989, the Sheriff's Department made 12 heroin cases within a three-to-four block radius of the Civic Center in Birmingham. This could indicate a return in the popularity of this drug. It is my opinion, however, that the drug "Ecstasy" will become the drug of choice in this area in perhaps a short time. Ecstasy is properly known as Methylenedioxymethamphetamine (MDMA). This drug is available in tablet or capsule form and sells on the street for approximately $35.00 per tablet. The popularity of this drug is mainly among the more affluent abuser and has the reputation of increasing the sexual powers of the abuser. If the popularity of this drug does, in fact, increase as is believed, the supply will most likely increase and this may have the effect of driving the price down, thus making the drug more available to more less-affluent abusers.

Attached are our yearly reports from 1986 through 1988. You will notice that the number of cases made by the drug unit reflects an increase of approximately 25% for each year.

JEFFERSON COUNTY SHERIFF'S DEPARTMENT
VICE AND NARCOTICS DIVISION
Yearly Report - 1986

NARCOTIC ACTIVITIES:

Number of Narcotic Arrests 371

Number of Other Felony Arrests 54

Number of Assists to Other Agencies 375

Number of Search Warrants Served 102

Pharmacists/Drug Stores Contacted 244

Number of Drug Buys Set Up 83

Number of Drug Buys Covered 83

Number of Gambling Investigations 4

DRUG DETECTOR DOG ACTIVITIES:

Number of Hours Dog Training 910

Number of Searches Made 51

Number of Demonstrations 85

PROPERTY CONFISCATED: Marijuana, cocaine LSD, various pills & capsules, stolen car, truck, van; guns, clandestine lab, Dilaudid, Tussionex, Valium Seconal, Tuinal, Talwin, Tussend, adult and child pornography

Value of Confiscated Property: $ 2,484,706.00

COURT APPEARANCES: Number 438 Hours 754.5

PUBLIC APPEARANCES: Number 88 Hours 268.5

VICE COMPLAINTS INVESTIGATED: 452

FINES: $106,268.00 SENTENCES: 919 years

3 life sentences

MONEY CONFISCATED: $68,761.70

OTL EARNED:

D.Blanton
F. Clifton
G.Creel
G.Harris
B.James
T. Ratigan
T. Richardson
R. Sykes

TOTAL OTL:

JEFFERSON COUNTY SHERIFF'S DEPARTMENT
VICE AND NARCOTICS DIVISION
MONTHLY REPORT

YEARLY REPORT - 1987

NARCOTIC ACTIVITIES:

Number of Narcotic Arrests 486

Number of Other Felony Arrests 59

Number of Assists to Other Agencies 451

Number of Search Warrants Served 143

Pharmacists/Drug Stores Contacted 213

Number of Drug Buys Set Up 88

Number of Drug Buys Covered 88

Number of Gambling Investigations 1

DRUG DETECTOR DOG ACTIVITIES:

Number of Hours Dog Training 861

Number of Searches Made 52

Number of Demonstrations 77

PROPERTY CONFISCATED: Marijuana, cocaine, assorted pills, Valium, assorted guns, 1 boat, mink coat, Talwin, U. S. Currency, hashish, Dilaudid, LSD, methamphetamine, 15 vehicles, one mobile phone

Value of Confiscated Property: $ 2,088,634.00

COURT APPEARANCES: Number 529 Hours 1,054

PUBLIC APPEARANCES: Number 85 Hours 260

VICE COMPLAINTS INVESTIGATED: 450

FINES: $395,780.00 SENTENCES: 500 yrs., 1 life

MONEY CONFISCATED: $132,555.27

Jefferson County Sheriff's Department
Vice And Narcotics Division

Narcotic Activities: Year Of 1988

Number of Narcotic Arrests 574
Number of Other Arrests 90
Number of Assists Other Divisions 103
Number of Assists Other Agencies 600
Number of Search Warrants Served 144
Pharmacists/Drug Stores Contacted 192
Number of Drug Buys Set Up 107
Number of Drug Buys Covered 107
Number of Gambling Investigations 1

Drug Detector Dog Activities:

Number of Hours Dog Training 970
Number of Searches Made 67
Number of Demonstrations 91

Property Confiscated: Marijuana, cocaine, U. S. currency, guns, stolen property, houses, trucking business, service station, counterfeit Louis Vuitton articles, Ecstasy, stolen meat, stolen cigarettes, vehicles, crack, heroin, hashish, VCRs motorcycles, mobile phone, Valium, Talwin

Value of Confiscated Property: $ 62,116,251.00

Court Appearances: Number 532 Hours 1,566

Public Appearances: Number 136 Hours 395

Vice Complaints Investigated: 483

Fines: $1,256,880.00 Sentences: 1,131 years, 62 days

Money Confiscated: $408,433.00

Senator **Heflin**. Thank you, Sheriff. We are delighted to have Judge Pete Johnson, who has been vitally interested in the youth of this State and county for many years. He serves as the director of the Boys State Program of the American Legion. He is very knowledgeable in all youth programs and in matters pertaining to courts and criminal activity, including drug activity.

Judge Johnson, we would be glad to hear from you.

STATEMENT OF HON. PETE JOHNSON

Judge **Johnson**. Yes, sir.

Like Chief Deutcsh and Sheriff Bailey, I am glad to be here and share some of my thoughts, Judge Heflin. I am the rookie of this panel, I guess. I have only been in this for 15 years, but I started in 1974 as a deputy district attorney here and Harold Morgan was there for 5 years. I was in private practice of law for 5 years, and mainly practiced from the law. And for the past 5 years, I have been on the bench in the district in the criminal division here in Jefferson County.

I have seen the same thing these men have seen, and I have seen it from a legal standpoint—an explosion of drug cases over the past 15 years. But not just the drug cases—all crime—and it is probably crime in this community and in this country, violent crime and property crime is tied to drug use and drug abuse to a greater extent than we realize.

The task of local drug treatment—and they do a very good job in conjunction with Sheriff Bailey. The Sheriff's Department—they interviewed over several months period of time everyone who entered the Jefferson County Jail charged with crime. It was a confidential program and they asked them to give an interview and asked them to give a urine sample to see just what impact drugs were having.

Only about 75 percent of those that were asked agreed to give. Of those that were tested, 75 percent of those who were arrested and put in jail for all crimes tested positive for drugs and narcotics in their blood. That is 75 percent.

Now those that would not agree to be tested—although all that information is confidential, it was never intended to be used in law enforcement in their case. You can only assume that at least a higher percentage had drugs in their systems.

So the people that are committing the crimes, at least 75 percent of them in this county, and I think it is probably true in this country are on drugs. They are committing crimes because they are on drugs or they are committing crimes to get more money to buy more drugs. It is not just the drug use and the drug sales and the drug problem. I think it directly causes a vast majority of all the crime in this country. And when I say drugs, I am not just talking about cocaine, although crack and cocaine are probably worst problem—it is the most abused with the exception of alcohol.

Alcohol traditionally, even before we had cocaine and heroin and marijuana in the epidemic amounts that we got. Most of the crime then was probably caused by people who were under the influence of alcohol, and that still is a tremendous problem.

There are a lot of ways and a lot of things that need to be done. That bill you all passed last year in Congress was a big step forward. We got everybody interested. The citizens of this country are scared, are concerned that education is probably the key—and I agree totally with Chief Deutcsh on that. The program that the city of Birmingham approved with the help of the police department is an excellent program. It ought to be expanded in the city of Birmingham. It ought to be in every classroom.

Vestavia Hills for the past 7 or 8 years has had probably the best for the city of Birmingham, one of the very best drug programs in this country. It was K-12 in the beginning—kindergarten through the 12th grade. Some people would say, and I have friends that say, "Well, you ought to get that in the homes. Schools do not have any business getting involved." A lot of parents use drugs. A lot of parents do not have any idea what to tell the kids, and a lot of kids grow up with one parent, and that parent does not know where they are half the time.

We get them all in school until they are 16 years old. Vestavia Hills goes in every classroom. They got a man—Coach Jim Jeffrey. He was a high school coach. He is assistant principal now at the middle school. But he goes in every classroom a minimum of 6 hours—6 separate 1-hour periods a year that teaches these kids the dangers.

And a kindergartner—and I have a kindergartner—my youngest son is in kindergarten—and he would sit and watch a ball game with me, and he gets the best indoctrination of the drug culture and the drug dealers can hope for. He gets beer commercials that make it look like it is the best thing coming, that everybody is out to drink beer. Then he will see those Nuprin commercials, and they are just excellent for saying that they will solve all of your problems but any aches or pains you got.

That is impressive, and it impresses my 6-year old. I am very concerned about, and I have been talking to him since he was 4 about the dangers, but I think because of where I have worked for the last 15 years, I am lucky to know enough about it. My folks do not know.

We need a better program and it ought to be mandated in every school in this country. I know we have a separation of church and state, but it ought to be at least made available, if we cannot mandate it in the parochial and private schools. And in the end, to get any kind of funds ought to be required to.

It should not just be from K-12. It ought to be mandated in colleges to some extent. It ought to be—we ought to look at the media and challenge the media, and perhaps even—certainly—with the electronic media—to require them to put those public service announcements—and they got some really good public service announcements, and you see them on TV about midnight.

You can hear them on the radio, with the exception of the talk radio station that has them all through the day. You can hear them on the radio about midnight. They ought to be required to run them throughout the day. They ought to be required in these Saturday morning shows, these after-school TV programs. They ought to be required to give a certain amount of educational spots to help these kids. They can make just as effective education—they make all these commercials for towers and things that they make these kids just really crave for, and they junk cereals that are nothing but sugar. And they are very effective.

Of course these public service announcements that they have from midnight to six in the morning are very effective. Just not many folks hear it.

There are a lot of things we need to continue to do. Tougher laws—we got tougher laws. We need more prisons, but that is not the solution. Like Chief Deutcsh said, the solution—the long-term solution is going to be to educate the public, educate the kids so that 5 years down the road if we start out a good education program throughout this country and in every community and in every school, we are going to see a difference in 5 years because those kids that are 12 years old—when they get to be 17 years old, they are not going to be interested in doing crack and running around and shooting up the place with Uzis, things that are not just happening in Washington, DC, but it happens in Birmingham, AL. It happens in every big city in this country.

If we give these kids a chance, maybe we can turn it around.

[The prepared statement of Judge Johnson follows:]

Testimony of Judge O. L. Pete Johnson
Before the U. S. Senate Judiciary
April 28, 1989

I appreciate the opportunity to address this committee regarding the most serious problem facing this nation today. I don't need to tell you how serious this problem is as you senators are trying to find solutions. There are no easy solutions to the drug problem. What we face is an epidemic and a threat more serious then any threat faced by this country since Adolph Hitler and World War II.

You will hear a number of speakers talking about giving more money and support to law enforcement as a cure for this problem. I don't disagree with or dispute any of their requests, however, the need for more law enforcement is but one of the points of attack that must be launched against this sinister and terrible enemy.

You will hear other people say that what we need is more money for treatment facilities and more treatment for drug addiction and drug abuse. I don't argue with or dispute any of their claims, however, that is merely one of many needs to fight this enemy.

You will hear people say that we need to use the armed forces in this war against drugs. That creates a very serious danger that we must guard against. That is we must not create a military police state or a military police organization to deal with civil crime in this country. The inherent danger of such a military police organization on our civil rights could perhaps destroy the system that we all want to save. However, there are some ways that military forces could be utilized to help fight the war on drugs.

You will hear people say that what we need is more prisons and to lock up more people for greater lengths of time. I do not dispute what those people say, however, I would caution them and you that the cost of such imprisonment is going to have to be borne by the tax payers. And if the tax payers want to bear that cost, then they should be given the opportunity in some type of referendum to state that they are willing to bear the costs of massive incarceration of drug offenders.

You will hear people say that education is needed to educate the people of the dangers of drugs. In my judgment that is the most critical need if we are to turn the tide and win this war against drugs. And when I say education, I mean educating the entire population. I have been advocating drug education in the school system for a number of years and until recently it has not been a popular concept. We need to have good drug education in place in every classroom in this country to include private and parochial schools for kindergarten through the 12th grade and in college. Some of my conservative friends say that drug education is a family issue that should be handled by the family. Well, my feeling about that is that the family is not doing their job in a lot of cases. How can a parent who uses drugs effectively teach his or her children the dangers of drugs. What are we going to do to the children of drug users? Tell them they have no right except from their family to drug education. What about the child whose parents are ignorant of the dangers of drugs. Are we going to tell that child he has no right to competent drug education, that he must rely on his parents who have had no training and no opportunity to learn the dangers of drugs. What are we going to tell the children whose parents just don't care, and unfortunately, there are a lot of those. We owe the children of this country an opportunity to learn about the dangers of drugs just as much as we owe them the opportunity to learn to read d write and do math, because if we don't teach them the dangers of ugs then those who would sell drugs are certainly not going to teach em for us.

You may wonder why I say kindergarten through 12th grade. I have child in kindergarten, and he watches T. V. with me when I watch sports ograms, and he watches the best drug education ever devised by man. ose damned beer commercials make beer look so inviting and so wholesome d so good that a child of kindergarten age is convinced that beer what you ought to drink. And if you have ever watched the Nuprin mmericals, they make you think that a little yellow pill can cure l the pains known to man.

We live in a society that promotes the use of substances to solve l problems. It is promoted by Wall Street and Madison Avenue. Kids o watch T. V. deserve to be told that alcohol is dangerous, that pills y be dangerous, and that drugs will ruin your life. If we don't mandate good tough education program for every classroom in this country, en you will never do anything to curb the demand for drugs. And as ng as there is a demand for drugs, there will be a supply, especially a free country with open borders and freedom of movement.

While we need to educate the kids, we also need to educate the ults. This should be done by the media as a public service, however, am afraid the media is more interested in the revenue that they get om the beer commercials, beer adds, cigarette adds, print media, and the media adds of all kinds. I would suggest mandated prime time d prime space in the print media for drug education commercials. You ow that the public media is not going to give prime time for anything without a dollar consideration unless it is mandated by Congress. I have seen great public service announcements regarding the dangers of drugs, alcohol, and cigarette smoking around midnight on the various local T. V. stations. I have never seen one at a reasonable hour. Unless they are required to give drug education public service announcements in prime time, it will never happen.

We have an explosion of cocaine in this country today. Myths were spread about cocaine not being addictive and being a popular drug among the wealthy ten years ago. These myths about cocaine not being addictive were lies. The media did nothing then and has done nothing today other than around the midnight hour to dispell this myth. There are a great number of potential drug users that still believe the myth. It may be appropriate to spend tax dollars to buy adds, however, I feel that the media should be required to provide public service adds that are effective education spots about the danger of all drugs, to include alcohol, which is incidentally the most abused and addictive drug in our society today.

The statistics on the recent increase in drug abuse related crimes is quite alarming. I have learned that in a period of the first quarter of 1989 there was an increase in drug arrests in Jefferson County of some 68% over the number of drug offense arrests for the first quarter of 1988. Some of this may be attributed to harder work being done by law enforcement agencies and more emphasis on drug related crimes, however, some of it certainly can and should be attributed to an increase in the supply and use of drugs in our society. Just within the last year, a study was done by T.A.S.C. which is a local drug treatment agency that, incidentally, does an excellent job with the limited resources that they have, in which they did a urinalysis test on every one arrested and placed in the Jefferson County Jail over a period of time this year. The results of this test were that some 75% of those tested showed positive for drugs. However, this was a confidential study, and only 88% of those who were interviewed agreed to give a urine sample. One can only assume that the percentage was at least as high if not higher in those who refused to give a urine sample to be tested. These figures indicate that practically all the crimes that we are seeing in this community are drug related. If not all, then certainly a very high percentage. T.A.S.C. should be funded adequately to provide the courts of this county with drug treatment resources.

Here in Birmingham we have seen a shocking and alarming increase in drug related shootings involving what appears to be drug gangs. I know some officials may disagree with my characterization of these groups of cowboys with uzzis as gangs, but that is my term for them. Just this week a five year old boy was shot while playing in front of his home in West End when several vehicles roared by with occupants shooting at each other. This innocent child was shot down by a stray bullet. In the Kingston community there have been a number of shootings, and the Birmingham Police Department has responded by setting up an office in the Kingston Housing Project. This police department substation has been attacked by gun fire from what one can assume are drug related gangs.

There has been a great increase in the amount of drug sales occurring on the streets to drive-by purchasers. This phenomenon is certainly not limited to Washington D. C. or the northern states, but it has spread to Birmingham and other cities throughout this country. This past year, the Birmingham Police Department in conjunction with District Attorney David Barber's office had a very effective street sweep operation where they purchased a number of drugs by simply driving down the street and being heralded by street sellers. These wide open, blatant sales were recorded on video making the prosecution very effective for the state. I understand from talking with police officers that the arrests and prosecutions have done little more than move these operations a few blocks away.

A solution or at least some help in this area can be provided by Congress through giving much needed aid to local law enforcement so that they can hire additional officers to have a greater presence in these problem areas. I know there is a great demand for tax dollars and tremendous pressure on Congress due to Gramm--Rudman, but I would think you could find no greater need or better use of tax dollars than to aid local law enforcement in the war on drugs.

There is a great deal of controversy in the use of the military in the drug war, however, I feel that there could certainly be some way to utilize the military personnel on a local level in support of local officials. An example could be to authorize the Department of Defense personnel to assist local law enforcement officers in administrative matters to relieve officers who are tied up in administrative duties to allow those local officers to be free to work in law enforcement rather than in administration.

I certainly feel that the military could and should be authorized more effectively to help guard the borders against drugs being brought into this country.

If an armed enemy came across the Mexican border with explosives and nerve gas, then there would be no question that it would be appropriate for the Army, Navy, Airforce, and the Marines to join in the effort to defeat this armed aggressor. Certainly it is no less appropriate to use our armed forces to defeat armed drug smugglers who are bringing in substances that are causing death just as quickly and certainly causing a great deal more death in this country than terrorist or other enemies of the country are causing in bringing in explosives and nerve gas.

In summary, I would state that a great number of agencies and individuals are putting forth a great deal of effort to fight this drug war, however, there is a need for a greater effort which I have pointed out in education and there is certainly a need for a greater effort and greater assistance to local law enforcement agencies by the federal goverment. I wonder what just a few billion dollars well spent in the drug war could do to improve the quality of life in this country. I challenge you members of the Senate and Congress and the President to find that money in the trillion dollar budget without raising revenues. And if you can't find the money, maybe we citizens need to find someone who can support this war against drugs with existing funds. Again thanks for the opportunity to say my piece, and may I offer any assistance or help that I can to you in this terrible fight that we must win to remain a free country.

Senator HEFLIN. Thank you, Judge Johnson. We appreciate your testimony.

Sheriff Bailey, you mentioned your "Heidi and Seek" program with the police dogs, and we know about Auburn University's effort to train these police dogs. They have unusual abilities to sniff out, and we have had testimony that is generally about 95 percent accurate on their use in being able to detect drugs.

Would you introduce a new method to schools and other people to use the dogs as a method to try and point out the fact that drugs are everywhere and to point out their presence. Explain that a little bit more? How does that work?

Mr. BAILEY. Judge Heflin, we have—as on those reports we have furnished to you—there a number of monthly engagement; the opportunity goes to my request to put on a program to give the principal some assurance that he has a drug-free school, to go there in school and after school, and at his request search the lockers, search wherever he wishes to move through.

To give him some assurance—at least keeping a clean operation and nothing getting by them—it is near 100 percent security. I am proud to brag about Heidi, our dog's name, that is a national champion—has competed in a national competition and has brought home the gold collar. We were proud of her. She was given to the sheriff's department by my daughter, Missy, and a registered Lab. She is 5 years old now. I cannot believe that she is rather still young, but she is knocking off the bunch in competition.

For example, we have an acre field, they hide the drug in the ground somewhere in that acre. She found the drug, but would not come off of the area, hole in the ground where it was found. And they kept dragging here away, she would tear loose and go back.

The point was that they did not recover all of the drugs. Some dropped down further in the hole.

This is impressive to know that you can utilize an animal to work in this dangerous kind of situation.

We wish we had several more, but we are limited by resources. It is a struggle to get manpower under these programs, when even the news media, as Judge Johnson pointed out, is saturated. And the powers that be that furnishes appropriations are hard to sell. We need two times the manpower working in drug units. I am just talking about the Birmingham division. I am not even talking about the Bessemer division where we have another unit of four men that work only in drug enforcement, investigation, prevention, and education.

If I may belabor the point a little further, the booklet that I am bringing to you is a color booklet that depicts Heidi in various situations and circumstances. And there is a contest going on, whichever child should be judged as the best coloring person on the booklet will receive a prize.

So again, we find that these elementary things impress children. And so it is to give them something to work with, having been put on the program.

Now I will talk negative for a moment: the Goverment program of methadone treatment. Uncle Sam—I have been against this program since day 1. I do not believe in giving daily doses of drugs to some addict that will not do something for himself, cold turkey or whatever. So we perpetuate the very thing that we are trying to stop.

Just yesterday morning—I will not call their names, but they are long-time friends from North Birmingham, their son who is 33 has been an addict since 16. And he has for years been on the methadone treatment program either in Atlanta or in Birmingham. This is a travesty to me. And you will find this, I believe, prevalent in the minds and opinion of law enforcement everywhere.

This damnable business of giving away drugs—strangely enough, they tried this in England many years ago, to give heroin away. They did not stop anything. They increased everything.

So we work the line who lines up to get methadone treatment to see which of our suspects are working both sides of the street.

Senator HEFLIN. Chief Deutcsh, you brought a young friend with you and also one of your sergeants. If you would like to get a photographer around here to get a picture of the young fellow. Would you like for him to come up, and the sergeant with you, and explain exactly what they are doing.

Chief DEUTCSH. I think we would like to. I first of all would like to extrapolate if I could on something Judge Johnson said, because I never heard it said any better, if I could use 2 more minutes.

But this education is the long-term answer to the drug problem in the United States. There is no doubt about it. And there is other education going on, but in the wrong way. It is like Mel said with the Methadone program.

What type of education is it in New York City to make needles available to drug addicts? It seems to me to be insanity. Why are we educating so many people—and we should—but young girls on how to use condoms and contraceptives so they should not do this and should not do that? But yet in very schools is it their program toward—and drugs is the real problem in the United States.

This booklet we gave you is not a one-time handout where they go home and color it and forget about it. This is their program, as they will tell you, it is part of the curriculum. They are not just policemen who come and leave from the city of Birmingham. They teach week in and week out. It is part of a whole year course. This is how it has to be done.

So I think if we can give free needles away and condoms in other areas, I think we can teach the children to say no to drugs, which is the real problem.

But as you asked, Sergeant Mims and Jonathan Harris, would you please come on up.

Senator HEFLIN. We are delighted that you are here. Come on up and have a seat.

This is Mr. Floyd here.

Sergeant, nice to see you and appreciate your work. Yes, sir, good to see you.

Maybe we will get a photographer.

Chief DEUTCSH. Do you want to tell the Senator what did you learn about drugs from the sergeant?

Mr. HARRIS. About like uppers and downers, like, in like peer pressure, like your friends put peer pressure on you and they want you to use drugs, like, like you are a sissy, and like you can try, they will not hurt you. And also the media influences, like beer commercials and all that.

Senator **Heflin**. Well, thank you, we appreciate that. We appreciate your testimony.

Judge Johnson, the court processes drug cases and disposes of them, and of course there are appeals. But at your level, how are you doing relative to backlogs of cases?

Judge **Johnson**. Well, here in Jefferson County, we do not have a backlog yet. But I commend Chief Deutcsh and Sheriff Bailey on the good work that their officers are doing. And I have seen in the last year a tremendous influence from the first quarter of 1968—1988 and the first quarter of 1989 an increase in the—the first 3 months of 1989 over the first 3 months of 1988 of drug arrests in Jefferson County where there were cases made, either possession or sale, there was an increase of some 68 percent.

We are disposing of cases. We are current. We move cases through the district court, through preliminary hearings, either the cases are resolved with a plea of guilty or the cases go down to the grand jury, and in some cases they are dismissed. Some small amount of cases turn out that the substance that the people have is not controlled. That is out there, but it is a very small percentage. I would say probably no more than 1 or 2 percent of the cases that are made are being dismissed when there is a negative report. And those are possession cases. It is an offense to sell a bogus something and represent it to be a narcotic or a controlled substance.

But we are current now. We are getting to the point if it continues with the kind of increase that it has, we are going to need even more judges or working on the weekend. I went until 5:30 yesterday. We go 5 days a week in the district court. The circuit courts in Jefferson County, the criminal division, we have five circuit judges, they try jury trials 42 weeks a year, and they try nonjury trials the other 10 weeks of the year.

And the increase that I have seen—the other part of that problem is where do we put them? Alabama has built new prisons and therefore every time I send somebody to prison, then I have let somebody out of prison. Because they are full. The Department of Corrections, when they take an inmate in that I have sentenced, they are going to have to make a bed for them. So they are going to let somebody out.

Hopefully it is not going to be any worse, and hopefully they have gotten something out of their stay in prison and it has been a deterrent, and they have gotten some rehabilitation and they will not turn right around and go back through that door.

But we have got a tremendous problem with the prisons and with states. We have got a new program in this state, a boot camp program that I have sent several young inmates to, and they are doing a tremendous job. They have really turned some people around. And I have said, I have taken a chance, and I have told the Department of Corrections when I sent them to them, you will not turn them around. And they did not have a bad record, they were young, and they have turned them around. They have turned around everyone I have sent to them. Of course, I have only been doing it for a year now, so we do not know what is down the road.

But we need—and I read the paper and watch TV, and I know about Gramm-Rudman and I know there is only so much in that pie and there are so many cuts in that pie, but there needs to be more funds available to the States, there needs to be more funds available to law enforcement. There certainly needs to be more funds available for treatment, for rehabilitation for those people become addicted. These drugs—especially cocaine. It is—I have had a police officer who I respect a great deal tell me that it is so bad and so wicked, and his favorite statement is that it is the kind of thing, the kind of drug, the kind of addiction that would make you kill your grandmother to get her money to get it.

I tried several preliminary hearings and kept raising his bond and getting him back in jail when he would get a new case, and he kept making bond. And finally when we got it up to a half a million dollars, he did not get out of jail, his family did not get him out of jail.

A man from another county who came to Birmingham, he lived very close, had a business, he was 34 years old. He had a business with over 100 employees, a very successful business, and in a period of 2 years, he lost everything. He lost a business worth several million dollars. He lost his home, he lost his family. He went through several treatment programs and could not get off cocaine and is now doing about 50 years in Alabama prison.

Sheriff BAILEY. I might add that, what Judge Johnson says, that same man, Judge Heflin, said I will tell you how much I like this, and he had it laying there on his patio near the pool when he was arrested, the drug, he said if my young child or children were drowning in that pool right there, and I had a choice to go get them or smoke this, I would smoke this.

Senator HEFLIN. Well, thank you. You all go ahead and sit. I want to ask a couple more questions. You can have a seat. Maybe we will take some more photos and have a recess.

We have heard testimony the last 2 days that there is a marked increase in the coordination of efforts between State, local, and Federal law enforcement agencies. How do you explain this spirit of cooperation if it exists here? Does it exist in Birmingham and Jefferson County? Would you give us your thoughts on why this occurred?

Chief DEUTCSH. Well, I can only speak from 8 years back onto the present. But there is more than a spirit of cooperation. There is a personal and a professional friendship.

I wish Frank Donaldson could be here, the Federal prosecutor. Because only last week we were in his office in relation to Federal task force and directed targets that we were going to hit at in this part of Alabama.

Mel spoke about dogs. They use our dogs, his and mine without question. In fact, the FAA just gave us a plaque last week for dogs we used in Trinidad. We flew them down there.

The cooperation is here. And I think it is because we are professionals and we realize we cannot win this alone. We do not work in a vacuum. If I am successful here, Mel is going to feel the positive aspect of it. When Mel does good work in Jefferson County, it has an impact on the city of Birmingham. So there are no heros, just all team players.

And I know, I had lunch with Mel yesterday. It is just like that. He never calls for anything that he does not get, and I never call for anything that I do not get. And that goes for the Federal people too.

And the judges, not only Pete Johnson, but the other ones—and I do not only say that because he is here, but I never saw better cooperation with the judiciary, and I have been around this country, and I have seen it in Jefferson County, and it is outstanding.

And it shows. Our crime has gone down the last 8 years. When crime last year throughout the country—the FBI stats just came out—when crime throughout the country went up 3 percent, in Birmingham it went down 3 percent last year. Every other major city in Alabama had an increase except Birmingham.

Well, that was not done by mirrors or ledger domain, it was done through cooperation. And that is the answer.

Senator **Heflin**. That is mighty fine.

Let me ask you this. We hear a lot about the use of the military, primarily in the issue of interdiction in air and on the sea. But there are some people that think that the National Guard, the Army Reserve, their airplanes, helicopters, others, could be helpful.

Do you have any thoughts on whether or not the military at a local level, say right here in Jefferson County and the city of Birmingham, could be used and could be used effectively. You do not want them necessarily walking the streets. But is there a legitimate constitutional use of the military that could be brought to bear on this war against drugs?

Chief **Deutcsh**. There is—if I can make a little joke, a little bit of light, but there is a saying in Brooklyn it could not "hoit," you know. Well, I do not have a helicopter. If I had the use of one, it could not hurt.

But I would also like to see a national commitment for this education. Give us the price nationally of one B1 bomber and put this educational program in effect throughout the Nation. Give me the price of one B1 bomber.

Senator **Heflin**. Sheriff Bailey, relative to the military, you have wider areas, more rural areas and that sort of thing, for the growing of marijuana. Do you see a role that the National Guard, Army Reserve, that type of military organization could play in helping you?

Sheriff **Bailey**. Yes, sir. There is no doubt about it. We have found in our county to our shock and demise the largest field of marijuana ever in the State of Alabama down in the steep ridges and near the Warrior River this past year, valued at hundreds of thousands of dollars. It is so difficult to get to, you would have never found it had a local citizen not to come to us. And in his fox hunting, traversing over these hills, native to that area, he says I can take you to something you will not believe.

But that could have been found with effort by National Guard or some unit of the military. I cannot in good conscience understand why the military resists this. And I know they do.

I was in a meeting—and I think I testified to this when you invited me to come to Washington. A colonel from Fort McClellan, he stood up and he said we will never agree with this. Well, I said, Colonel, I do not know if it is your prerogative agree. This is something that is affecting this Nation's domestic security, and it is going to take everybody. How could you justify flying over and seeing what you know to be, a rendezvous at sea, a marijuana field that apparently knows about and not do something about it? It is strange.

And I know Pete is thinking of jumping right on it because he is coming right out of the military.

Senator **Heflin**. Well, we have had instances of cooperation. For example, at Fort Rucker, the commanding general, he has trained his flight instructors, and they are involved in a lot of night training, flight training. They have notified sheriff's departments, police department, and other people of suspicious planes, also other activity, as well as trying to hunt out drugs. So it has been done. But there is a resistance in the military as a whole toward becoming too much involved in helping.

But I think that it can be coordinated and can be done more effectively.

Judge **Johnson**. Yes, sir. I think—and I agree there is a resistance. But I have talked—in the last 2 weeks I have talked with a general, the Alabama National Guard, who did not want to do it but he pointed out the fact that there were a lot of areas that they could provide assistance and provide some of the sophisticated equipment that they have and some of the sophisticated sensors that they have, not just visual, but a tremendous, very sensitive sensory equipment that is in planes and helicopters in this State that belong to the Guard and the Air Guard and the Reserves that can be used.

Of course, there is a lot of other things. The satellites that we use, that NASA uses, they can tell you exactly what is growing in a field anywhere in this world. They can tell you whether it is soybeans or they can tell you whether it is corn or whether it is asparagus or whether it is rice. And I think maybe we ought to bring NASA into this thing too.

This is where the Congress can help, the Senate, the House, the Congress. Not just say do you not all want to do it, but say you are going to do it or we are going to cut some of this $295 billion and give it to somebody who wants to do it. And there are things that they can do. And I think they ought to be tasked.

The Department of Defense ought to be told, they have got all these very elaborate staffs, and they sit around and they play war games, and they come up with great ideas, and a lot of good staffs right here in Birmingham, the 87th Maneuver Air Command, they go all over the country and put on war games. They have got a lot of very bright people out there.

Tell them, come up with some ways the military can be used. If you do not, we are going to cut out some of this extra training money. And if you do and it is a valid—within the framework of the Constitution—of course, we do not want a police state. We do not want the military to get involved in law enforcement. But there is a lot of things that they can do in surveillance and planning and certainly on the borders.

I mean if there was an armed aggressor coming across the Mexican border right now, and they had machine guns and they had explosives and they had nerve gas, and they were coming into Texas, and they were going to blow up Brownsville or they were going to blow up Weslico, no question, the military would go, they would defend our borders, no question.

Well, there are armed aggressors coming across the Mexican border right now. And the military ought to want to be there. And I do not see—you know, when you are talking about the border, and armed aggressors coming and bringing death—and I think in this year there has been more Americans who have been shot and killed by Communists that I am aware of, and that is the colonel that was killed in the Philippines last week. There is no telling how many hundreds of thousands—not necessarily hundreds of thousands, probably close to a hundred thousand, that have been killed, probably hundreds of thousands overdosing with drugs and killed by somebody who is under the influence of drugs or killed because of drugs in some of the drug battles that are going on in Washington, DC, and in every city in this country.

They are getting too good a piece of that pie. And this is too big a problem that is threatening the lives of this country, the citizens of this country, is threatening this country. And they need to come up with some solutions and some help. And I think the Congress ought to tell them if you do not do it, we are going to give a few of them B1 bombers to the police.

Sheriff BAILEY. Judge, let me answer that.

We had the AWOL's when we picked them up from every branch of the military. We work with them when they have got a case that they need local help. And I frankly do not understand this unwillingness. We have already got the posse commitatus situation in hand, but it does not seem like they, meaning the Pentagon and others, want to get down into the area of doing what they can do in just the course of business, fly over, see suspect, point it out. They do not want to do that. I do not understand it.

Senator HEFLIN. Chief Wilkins of the Tuscaloosa Police Department has submitted written testimony. I understand that he is going to be unable to be here. And it is very excellent testimony. He points out the fact that they have been successful through education and other ways in eliminating some drugs like PCP and LSD, and the fact that there has been a good deal of cooperation. He goes somewhat into the drug problem from the university community perspective.

His statement will be made a part of the record.

[The prepared statement of Mr. Wilkins follows:]

City of Tuscaloosa
POLICE DEPARTMENT
2520 7TH STREET
TUSCALOOSA, ALABAMA
35401-1886

ALVIN P. DuPONT
MAYOR

JERRY D. FULLER
CHIEF OF POLICE

April 21, 1989

Honorable Howell Heflin
Chairman
Subcommittee on Courts and Administrative Practice
Committee On The Judiciary
United States Senate
Washington, D.C.

Dear Senator Heflin;

I wish that I could say that there exists one single answer to the current drug problem facing this country, that if we only spent so many billions of dollars in a certain area that we could cure the problem. However, as everyone knows, there is no single answer to the problem.

As a professional Law Enforcement Officer with experience in fighting drugs on the local level since 1975, I can only offer insights based on my experience. The drug problem has to be met in three areas to have any hope of success. These three areas are Education/Prevention, Rehabilitation and Drug Law Enforcement.

I would like to take this opportunity to offer some thoughts in my area, that of Law Enforcement. To say that there has not been any successes in combatting the drug problem is an untruth. There has been several areas of success in Alabama over the years. Tremendous problems existed in the trafficking and use of such drugs as PCP and LSD. Extensive educational programs were undertaken to discourage the use of these drugs. Penalties for the trafficking and possession of these drugs in our local Judicial Circuit were quite severe. Due in no small part to these efforts, the use of these drugs at this time is almost nil.

Con't...

COUNCIL MEMBERS
District 1 Charles Steele, Jr
District 2 John H. England, Jr
District 3 Jerry Plott
District 4 Ed Montgomery
District 5 Sammy Watson
District 6 Bill Lanford
District 7 Tommy Dockery

A drug by the trade name Talwin was heavily abused in our area as a substitute for Heroin. It was the "hard" Narcotic drug throughout the 70's and much of the 80's. It has virtually disappeared through the co-operation of the Government and Drug Industry in the re-formulation of the drug to discourage abuse by addicts. Methaqualone is another example of a drug once immensely popular that is rarely seen due to action both on educational and enforcement fronts.

I only point these examples out to illustrate that rather than surrender to the current drug of choice, Cocaine Crack, that we should draw on our experience from past successes as well as institute new ideas and programs to fight this most recent problem with all our resources.

Much criticism has been offered as to the fragmented effort by Law Enforcement toward the drug problem. Some of this criticism is deserved, however much of it is not. Under our system of Goverment we all have our levels of responsibility, mine being at the Local level, others on the State, National, and even International level.

The key to many of the successes in the fight against drugs has been when the many different agencies involved put aside "turf wars, jealousies" and other distractions and worked together for the common good. Much progress has been made in the past 10 years in the amount of co-operation between Law Enforcement Agencies, particularly between Federal and Local Law Enforcement. In Alabama during the late 70's there was a remarkable lack of Federal interest in what we were doing on the local level in Drug Enforcement. All of this has changed. Federal Agencies such as the FBI, DEA and Customs, to name a few, are very responsive to local requests for assistance.

One of the more remarkable changes has been within the Justice Department. Where once Federal Prosecutors were unknown to smaller local agencies, we are on a "first name" basis now. The primary reason for this in our area has been the establishment of the Law Enforcement Co-ordinating Committees for each of the three Federal Districts in Alabama. This gave us a forum to share information, air our gripes against each other, and in general get to know our fellow Law Enforcement Officers on all levels. Offshoots of the LECC's of Alabama have included formation of the Alabama Narcotics Officers Association to further the direct goal of co-operation in Drug Enforcement.

One might wonder that since co-operation seems to be the rule rather than the exception in our area, why I even bring it up. Co-operation can be a rather fragile state. Unless persons at the highest levels of Government insist on co-operation and give it their personal support, it doesn't last long. Cops have a tendancy to go back to the old, "it's my case, my territory" way of thinking. We at the local level need for the Federal Government to continue to place co-operation at the top of the agenda and back up their words with deeds with the continuation of the Law Enforcement Co-ordinating Committees, and with insisting that local FBI, DEA offices and other agencies are responsive to the local police requests for help.

age 3

Funding continues to be a problem on the local level. With
he discontinuance of Revenue Sharing and other Federal programs,
ocal Law Enforcement Agencies face stiff competition for local
ax dollars. In Tuscaloosa we depend on seized monies and other
ssets of drug dealers to help finance our fight against drugs.
he Anti-Drug Abuse Act of 1988 puts this in peril. It requires
hat results of forfeitures in Federal Court be turned over to
ocal authorities pursuant to State law. This means in Alabama
hat such funds have to be deposited in the local General Fund.
n Tuscaloosa we are lucky that our Council re-appropriates these
unds for Drug Enforcement use. However, others are not as lucky.
hese funds that are desparately needed in the drug fight, are in
ome areas, being used to fund local government in general. We
eed to insure that these funds can be earmarked by the Federal
ourts specifically for Law Enforcement use.

I have offered only two areas of concern, continued co-
peration between Law Enforcement Agencies and funding, in
articular the earmarking of seized drug assets for Law
nforcement Use. There are many other areas of concern equally as
mportant. The fight against drugs is one that deserves the
ighest priority of the United States Government. We can do no
ess for the future of our Country.

Sincerely,

Willia V. Wilkins

William V. Wilkins
Assistant Chief of Police, Tuscaloosa Alabama
Past President Alabama Narcotics Officers Association

Senator HEFLIN. Thank you. We appreciate very much each of
ur testimony——

Sheriff BAILEY. Judge, can I offer something that impresses us lo-
ly? Chief Deutcsh mentioned it briefly. But U.S. Attorney Frank
naldson, his crew, staff, FBI, DEA, ATF, all these people are
rking hand in glove in this area, touching in the cooperative
rit. Never had I experienced in all my law enforcement such ef-
ts as willingness as Frank Donaldson has given us on this Feder-
impact of seizing property where these major traffickers are con-
rned.

You heard these millions of dollars of figures. These were partici-
ting efforts by sometimes seven and eight different agencies who
are in the confiscated properties, seized cash, back to the agen-
s. We could not be doing as good a job as we are doing if it were
t for these funds. Because it is not in our budget.

Senator HEFLIN. We have had previous testimony, yesterday in
rticular in Montgomery, where the district attorney, U.S. Attor-
y Jim Wilson testified, and he actually gave out checks to sever-
of the police departments and sheriffs offices on there where
rough either of the two approaches, where they have the equita-
e sharing on percentages or where the local police unit in effect
es all the work and then presents it to the Federal court authori-
es and the U.S. attorney for handling in the court case. So we are
vare of that program. It is in the record.

Well, thank you.

We are going to call about a 5-minute recess, and then maybe we
n get over there and get these boys, the chief, and myself to get a
cture.

[Recess.]

Senator HEFLIN. Well, we will call the hearing back to order, and we have next an educational official panel, Jimmy Jacobs, coordinator of the counseling and guidance of the State Department of Education; Mr. Joe Moore, assistant superintendent, Jefferson County School Board, and Beverly Dixon, facilitator of the Drug Education Program, Birmingham City Board of Education.

Mr. Jacobs, we will be delighted to hear from you first.

PANEL CONSISTING OF JIMMY JACOBS, COORDINATOR, COUNSELING AND CAREER GUIDANCE, STATE DEPARTMENT OF EDUCATION; JOE MOORE, ASSISTANT SUPERINTENDENT, JEFFERSON COUNTY SCHOOL BOARD; AND BEVERLY DIXON, FACILITATOR, DRUG EDUCATION PROGRAM, BIRMINGHAM CITY BOARD OF EDUCATION

STATEMENT OF JIMMY JACOBS

Mr. JACOBS. It's a pleasure to be here today, Senator. Among other pleasures, I had an opportunity to encounter again one of my former students, young Mr. McLaughlin. Since we both left Ozark, I have lost touch, so it is good to see him again and know that he is doing well and in a good place where he can do well.

Also, I was pleased in listening to the previous testimony this morning from those representing law enforcement who testified to my belief that a real key to dealing with a drug problem over the long term has to do with education of our young people. We certainly need more and improved law enforcement, and we need better places or more places to put those who do violate the law.

And of course, we need to greatly improve and expand facilities for rehabilitation and treatment. But to attack this problem over the long term, I honestly believe and I have devoted my life, my entire career to the ideal that education is the key.

The school has the capability, that is, it is the social institution that has access to all the children. It has to serve all the children. The roots of this problem, I believe, lie in education and in the attitudes and the values that are developed by our children. As Judge Johnson mentioned a bit earlier, it is so, so crucial.

In surveys that we have done among young people, those who say that they would not under any circumstances use drugs, tell us that their primary reasons are not so much information that they are given or the fact that their parents might have told them that this is bad or that they are afraid that they will get into trouble, or even because of their religious influence, but rather simply that they felt that it was wrong.

Now, you and I know that all those things go together to create that feeling, but until that sense of value, that feeling is internalized on the part of our young, I fear we are going to continue to face that kind of problem.

It is a tremendous problem in America. It is a tremendous problem in our own State today. We know that over 90 percent of our young people have used an illegal substance by the time they finish high school, bearing in mind that alcohol is an illegal substance for persons who are under the age of 21.

We know that nationally that there is a death related to alcohol and/or drug abuse every 5 seconds in the country. We know that it has some very drastic, far-reaching effects for the personal lives of those young people and their families, and very far-reaching effects for our own national economy and national defense are concerned.

The problem of drug abuse, though, in my opinion, is only one aspect of the problems that face our young people today. I would group drug use among young people with the same grouping of dropping out of school, of the tremendous problem we have with early pregnancy, teenage pregnancy in this country, with youth suicide that we have in this country. These are all different manifestations, I believe, of a problem that our young people have as they grow up, in not developing a sense of worth, and not feeling that there is a point to the future for them.

If we were to go down the street here in Birmingham today, to a typical first-grade classroom, say, of 30 students, we could look at those 30 students, and make some pretty educated guesses about what is going to happen to those children.

We know that one out of two is going to spend some time in a single parent home before they finish high school. We know that about one out of three probably won't graduate from high school. We know that one out of three is going to need some intensive psychological counseling before they reach adulthood. We know that one out of five of the girls in that class is going to bear an illegitimate child before she is 18 years of age.

These are problems that are in our schools every day. The schools don't cause those problems. They come from the outside, but nevertheless they are there, and these are the children that we work with and deal with.

Along with working with those children, dealing with those problems, we are trying to give them skills so that they can walk out the schoolhouse door, hopefully after they have graduated, and become contributing members of our society, contributing members of our economy and be devoted to the furtherance of our national goals.

We have attempted to address this problem always in education, I believe. We have redoubled our efforts in the last few years, to some degree, due to the impetus given by the drug issue at this point, and also by the funds that have been infused through Federal legislation.

During this year for the first time that I can remember in my 20 years as an educator, we are implementing in all of the schools of the state, grades K through 12, a comprehensive health education program. In that program, we have a very, very strong strand that deals with drug abuse prevention, information as well as helping young people to develop the skills to feel good about themselves, to make sound decisions and to develop some assertive strategies for saying no. It's not enough just to tell young people they should say no; you have to give them practice in how to do that.

That's a very integral part of that program. We are, as I said, implementing it this year, and are, in fact, monitoring the implementation right now. I have two staff members in local schools today who are monitoring the implementation of the program.

We believe that this will represent a real step forward for the young people of Alabama. It is a long-term type solution, though. It is something that needs to be kept up and maintained and intensified.

As I think back over my years as an educator, I recall when I began, in the early seventies, there was a tremendous emphasis on drug education and drug prevention. In fact, the State of Alabama, in 1971, passed a law that said you must have drug education in all the schools of the State. You must have specialized training for all professional educators so that they will be knowledgeable about drugs and how to help young people not use drugs.

In 1981 the legislature ceased funding that. They no longer felt that it was a problem, I suppose, or that somehow it was supposed to happen on its own.

During the past legislative session, they once again made an appropriation for drug prevention of $200,000 to supplement Federal money that was coming in.

We find in the current budget, though, that they have eliminated that funding once again. So, I fear that this may be a passing fancy, and from the testimony you heard from the law enforcement folks a little bit earlier, and I know you are going to hear from those involved in treatment and rehabilitation later, it is certainly not a passing thing. It is something that we have to work at, and work at every day.

As we work to improve the lives and the futures of our young people, I believe that we will see tremendous payoffs for the country as a whole and for the State. I do not believe that there is any other approach that is viable that will pay off.

I know from my own experience that it is very hard to develop a constituency for prevention, though. It is extremely difficult. It's not flashy. It doesn't get on the front pages too much. It doesn't make people feel real good. It's where you do a little bit every day, and it accumulates and pays off over time.

I urge you and the members of the Senate, and the members of the Judiciary Committee, as well, to keep that in mind as you continue to focus on this problem.

Dr. Teague recently suggested that we perhaps need a national economic educational act that is similar to the old National Defense Education Act.

You know the Russians put a satellite up, and we decided we really had to work on education to prepare our young people for the future in the area of math and science education. I think we face just as critical a problem today. If you look at our economic problems, if you look at our social problems, we need to really focus on our young people, on our very young people, to make sure that they develop the skills and have the resources that they need so that they can compete successfully in the future.

Thank you.

[The prepared statement of Mr. Jacobs follows:]

Written Testimony of
Jimmy Jacobs
Coordinator of Counseling and Career Guidance
Alabama Department of Education

Substance abuse by our children and teenagers impacts society in a multitude of ways. Substance abuse depletes our social, emotional, and economic resources. The effects of drug and alcohol abuse among our young people are exponential in that all members of society are touched, in some way, by this growing problem. All children are at-risk, regardless of race, religion, and socio-economic status; drug and alcohol abuse is prevalent at all levels of society.

The implications of recent studies are grave indeed when one looks at current trends of usage among our young people.

Consider the following statistics:

- 23 million Americans age 12 and over currently use illicit drugs.
- The National Institute on Alcoholism and Alcohol Abuse estimates that 4.6 million teenagers are problem drinkers.
- Alcohol-related motor vehicle accidents are the leading cause of death in the 16-24 year age group. A teenage drug or alcohol related death occurs every five seconds.
- 91% of high school seniors nationally have tried alcohol, 23% marijuana, and 6% cocaine.
- The average age nationally when most children start drinking is 12 1/2 years old.

These studies provide the evidence to support what we, as educators, already know: our children are in trouble. Recent surveys indicating a slight decline in the use of illicit drugs have shown that drug awareness programming in middle and high schools has been moderately successful. However, 27% of high school seniors are using marijuana and 13% are using other illegal drugs, according to a recent National School Boards Association report. The United States is first among all industrialized nations in the number of young people who use illicit drugs.

Efforts in Alabama's schools to address this problem have been spurred during the past two years by the infusion of funds from the Drug-Free Schools and Communities Act and from a renewed commitment by the State Department of Education. The State Board of Education has implemented a new comprehensive Health Education Course of Study that integrates drug education and prevention learning outcomes in a sequential manner through the regular school curriculum. Curriculum guides that provide classroom activities for teachers to utilize in teaching the learning outcomes have been developed for each grade level, and local school system personnel have been trained in implementing the prescribed course of study. Additionally, local school systems have received assistance in policy development, local advisory councils have been established, and some systems have had personnel receive special training in community collaboration. The State Department of Education is currently continuing these efforts while monitoring local program implementation, securing additional training, and establishing regional materials resource centers.

Much as been done; yet much remains to be done. Attempts at short-term, quick-fire solutions to this problem are of questionable value.

Drug abuse is but one thorn in the briar patch of difficulties that confront many of our young people - pregnancy, suicide, school drop-outs, unemployment, delinquency, and underemployment. The roots of these briars lie in the early development of our children and are nourished by a lack of self-esteem. Too many children are growing up without developing a sense of personal competence and value. Consider that in a typical first grade class of thirty children in Alabama one may expect that:

- One of every three children lives in a household that is below the federal poverty level.
- One of every two children will spend some time as part of a one-parent home.
- One of every three children will need psychological counseling.
- One of every three children will be involved with the juvenile justice system.
- One of every five girls will be a teenage mother.
- One of every three children will not graduate from high school.

These factors can be ameliorated and in many instances prevented by appropriate action on the part of our society. Not to do so will result in the dissolution of our state and nation's greatest resource - its children. The schools have a crucial role to play in the enhancement of our human capital.

A function of low self-esteem is the absence of the capacity to set goals for oneself, and the ability to arrive at responsible choices through rational decision-making. Such skills are critical when children are confronted with the choice to use--or not to use--drugs. Additionally, we cannot overestimate the strong influence of peers upon older children and teenagers; in fact, research has shown that peer relationships are so powerful that it is extremely difficult for parents and other authority figures to counteract this pressure. For the child whose self-esteem is low, the need to "belong" to a peer group and to elicit their approval often eclipses other concerns.

Because of this, in addition to other developmental factors, early prevention during the elementary school years assumes a critical value when one considers that 30% of ten year olds say they experience "considerable" peer pressure to drink beer, wine, or other alcoholic beverages. Developmental sequential instruction, beginning at the early elementary level, is a viable method to give our children the tools which will enable them to develop a strong sense of self-esteem, to reach goals they have set for themselves, and to utilize a rational approach to decision-making. Sound, comprehensive instructional programs address the needs of the whole child, and encourage healthy growth in such a way that enables the child to acquire knowledge and to develop attitudes and values which will serve them well when confronted with substance abuse issues later. Children who are able to employ decision-making techniques, who learn assertive strategies for "saying no," and who are actively involved in setting goals for their lives are less likely to start using drugs. The new course of study in health will do much to help in teaching these skills to our children, yet we know that some children will need additional assistance.

Because of the social and economic conditions cited earlier, some children need a caring adult to provide additional help in overcoming barriers to their full development. We know how to identify those children who are most at-risk by the end of the early years of elementary school. We have the knowledge necessary to assist them to overcome the barriers preventing them from developing the competence to succeed in school and life. We lack the specialized staff and instructional resources to provide this assistance to all those children who need it. For example, in Alabama the student to counselor ratio in our elementary schools is 1,160 to 1 and our per-pupil expenditure is the lowest in the nation.

Dr. Wayne Teague, State Superintendent of Education, recently proposed a "National Economic Education Act," similar to the National Defense Education Act enacted in response to the sputnik challenge, to marshall the resources of our country to develop our young people to face the challenges of the twenty-first century. Certainly the problems facing our nation today overshadow those of 1958. The education of our young still provides the best return on our investment in the future. The school affects every individual over a longer span of time and with greater regularity than any institution in America other than the family. The potential for exerting a tremendous influence on every aspect of society exists, for here is the common ground where the needs of all children must be served. When accompanied by a strong parental support, there is no more powerful force than the school to shape the future.

Much has been done. All children in Alabama now have access to a drug education curriculum that includes developing self-esteem, decision-making, and accepting self-responsibility. School systems have adopted clear and consistent policies regarding drug possession and use.

Much remains to be done. Our elementary schools need counseling services and smaller classes, with more instructional alternatives. School and home communication needs to be strengthened. Dissipation of resources and duplication of efforts need to be eliminated.

I congratulate you on your efforts and your continued interest. I urge you to remember that the problems facing America's youth are interrelated and that you will never clear away the briars without getting at the roots.

Senator HEFLIN. Thank you.

We are delighted to have Mr. Moore, the assistant superintendent of Jefferson County School Systems.

STATEMENT OF JOE MOORE

Mr. MOORE. Thank you, Senators.

It is a privilege and pleasure for me to be here to participate in this program. This is not a new issue to us in education. We have been battling the drug problem since the early seventies, late sixties. It takes a different approach, a different fad comes along. It usually works its way into us by way of California.

Before I go any farther in talking about it as a problem, I would like, on behalf of the 99 percent of the young people in the Jefferson County School System and the Jefferson County Greater Birmingham area who are not involved in drugs and who are saying no to drugs, because we see each year about 1 percent of our school-age population are in one way or another do get involved in drugs. But 99 percent of our youngsters do say no to drugs.

But that 1 percent is way too high, because that represents in our school system about 400 students a year that do in one way or another get involved in drugs. And that's too many. That's not only 400 youngsters that have a problem, but that's 400 families that have a problem.

We have given a lot of lip service in the last 20 years to the drug problem, and I think that's one of the problems. There has been too much lip service and not enough action taken.

The legislature is very good at mandating programs, but very poor at funding those programs. We don't have a problem of funding for our general education program, and then we are also saddled with the responsibility of teaching children not only about the evils of drugs but AIDS, teenage pregnancy.

We accept the responsibility, and I heard the law enforcement gentlemen saying, and the judges, that education is the key to the long-range solving the problems of drugs. And I believe this, and I accept this; but I also demand that if it is our responsibility to solve the problem that we be properly funded to handle the problem.

And year after year, in my 35 years of education, I see additional responsibility that was placed on education, an additional mandate, mandated programs, but very seldom are these programs ever funded.

Also, we don't operate in a vacuum in education. We are dependent upon law enforcement. We need their help. We are dependent upon the judicial system. We can teach a youngster the evils of drugs. We could start at the kindergarten level, where it should start; but when that child leaves school at three o'clock, if we put him in a community where in order to survive he has to belong to a gang, and if that gang's chief reason for being is selling drugs, it is very difficult for him to stay not involved, regardless of what we are trying to teach him at school.

And that problem does exist in the Greater Birmingham area. But we believe in Jefferson County, in our system, that we have to have, and must have; and this is what we have gone to since 1982, is a strong, comprehensive health program. We have had many different entities such as aspiring politicians, fast-food organizations—from every avenue people offering us programs and wanting us to put their program into our school system.

And they mean well, and this is fine. But if we used every program that is offered us there wouldn't be time for reading, writing, and arithmetic, or other subjects.

So, we have decided that we'll accept help from any avenue from which it comes, but we are going to concentrate on training our teachers. And in-service for teachers costs money, but they are not getting it at the college level. They are taught the fundamentals of teaching, and how children learn. But if we are going to teach a comprehensive health drug program, then teachers have to be schooled in drugs. That is one of the mistakes we made in the early seventies. We panicked; we hit children with a lot of information, and they knew more about drugs than we did at that time.

And a lot of the information that we were given was not true; it was inaccurate.

So, we've got to have a comprehensive health, mental health program, and that program has got to have a strong component on the evils of drugs and alcohol.

That's another thing that we have got to face, that alcohol is a drug, and quit treating it separately from drugs, because what we are seeing at the school-age child, right now, that is our No. 1 drug problem—alcohol. But when we confront a parent with this, the average parent says, "Thank goodness, he's not on drugs."

And that is the Number one problem we're seeing, and that is what we have got to combat within our school system with our school-age children.

It's very sad that when you have a child for 12 years, you teach him the evils of alcohol, but on graduation night he goes out and cracks up in an automobile, and all that has been for naught. His life is destroyed, and this is the time of year that we all dread the most because we know the senior proms and graduation and all those events are occurring, and that's when we have to call on law enforcement, and that's when we need their assistance as well as the average in-school drug program.

So, we've got to continue, starting at the kindergarten level. When we first started, we tried to hit the high school age, and then we realized that was too late, and we hit the junior high-school age.

So, now, we realize that we have got to start, and we have a comprehensive K through 12 program in our school system at this time. The title of this program is "Growing Healthy." We have expanded this program from its original status. We continue to have in-service training for our teachers, and we accept the challenge that education is the answer; but we would implore that we do get the proper funding in the State of Alabama, something we have never had.

[The prepared statement of Mr. Moore follows:]

JEFFERSON COUNTY SCHOOL SYSTEM
DRUG EDUCATION PROGRAM

Drug abuse by students has been a continuing problem and concern of the Jefferson County School System since the early 1970s. The district approved, in 1973, the following guidelines for dealing with cases of drug involvement. These guidelines are enforced throughout the school district.

GUIDELINES
FOR HANDLING CASES OF DRUG INVOLVEMENT
JCBE/POLICY FILE: 452.12

Philosophy

A school is accountable for the education of its students. Using, possession of, or selling psychoactive substances are activities which undermine the educational process, and are therefore strictly prohibited.

Since the problems arising from the use and distribution of contraband drugs are complex, measures for its prevention, treatment and control require a coordinated community strategy involving the concerted effort of parents, school officials and law enforcement and rehabilitation agencies. In pursuit of these objectives, the Jefferson County Board of Education adopts the following program:

Policy

1. The school system has the responsibility to protect its students from activities and influences dangerous to their health and safety.
2. Although the degree of an individual's participation in prohibited activity may range from initial experimentation to chronic and addictive abuse, it is the school system's responsibility to prevent drug use and to intervene into drug involvement at the earliest possible moment.
3. In taking appropriate measures to discourage drug use, the school system recognizes the right of each individual student to due process under the law.
4. In these endeavors, the primary concern of the school system is to aid the individual to realize his full potential as a student and as a citizen of the community.
5. The school system plays an integral part in the total community effort in working through the problem of people involved with drugs.

6. Continuing education with accurate, realistic information, sound value clarification and realistic alternatives should be provided to fortify prevention and intervention of drug use.

7. Because the symptoms of drug use are similar to symptoms of normal illness, established medical emergency procedures should be followed.

8. Every effort should be made to allow a student to continue his education during his or her treatment or rehabilitation.

9. Law enforcement agencies will be utilized by school officials for assisting them in the control of drug traffic in and around the school premises.

10. Since the principal has professional training and experience, it is his responsibility to decide what action must be taken depending on the circumstances in each case. The principal's main resource person should be the Director of Student Services (Pupil Personnel) or other designated qualified persons in the school system. what [illegible]

11. It is the duty of the superintendent to execute the drug abuse policy of the school system. The superintendent of education will have final authority on all matters.

General Procedure

1. At any time, a search may be made of school property, a student, or his automobile parked within the school jurisdiction, by the principal without the student's permission where reasonable cause justifies such action. The principal, in conducting a search related to these matters, should be accompanied by another adult. Any suspected materials may be confiscated and held by the principal for further processing. A full record shall be kept concerning the investigation and steps taken and such information as the time of the search, the location and the individuals involved.

2. The principal shall be notified immediately by all concerned when a person is suspected of drug involvement.

3. The principal or other designated person in the school shall consult with the Director of Student Services on all matters relating to drug problems and involvement.

4. In each case, the principal shall file a report with the Director of Student Services concerning all matters investigated; and this report should be made contemporaneously with the investigation.

5. Established disciplinary policies regarding suspension and expulsion of students shall be applied to individuals involved in drug problems. However, in addition to the normal course of action, whether it be the assistance in a health problem, a legal or disciplinary action, or other problems relating to school attendance, the alternative school is a possibility to be considered.

Procedures in Specific Cases

Cases of Self-Reported Drug Use

1. Where a student voluntarily seeks assistance in controlling his drug involvement, the student shall be assured that the school will offer confidential guidance and assistance in an effort to remedy the problem.

2. The student's problem will be treated with the same confidence and consideration afforded any other health problem.

3. The student shall be informed that if he/she is 14 years old or older, confidential medical treatment is his/her privilege according to state law.

Procedures in Specific Cases

Cases of Suspected Drug Involvement

1. If the principal suspects a student of drug involvement, the principal shall arrange to have a confidential interview with the student and the parents, if possible, to determine what action should be taken in the best interest of the student.

2. The principal shall inform both parents and student that the purpose of the interview is to investigate confidential information to determine its veracity. Parties should be informed that the interview does not constitute an accusation against the student.

3. The parents and the student shall be assured that the intervention and prevention will be executed with the interest of the student body and the individual foremost to their consideration.

4. The principal shall inform the Director of Student Services of each investigation; the report shall be in writing but may be first communicated orally. The report should include the age of the student, the nature and facts concerning the suspicion. At the interview, the principal may decide with or without the family to refer the case to the Director of Student Services.

5. The parents shall be assured that the rehabilitation is the primary concern; the parents should be encouraged to cooperate and should be given the assurance that the school official's motivation is to help the child to understand that drugs will not facilitate their educational process, and will not be tolerated in the school setting.

Procedures in Specific Cases

Cases of Known Drug Use

1. The principal shall be notified immediately in all cases.
2. Since individuals using drugs show symptoms similar to those accompanying normal medical illness, established medical emergency procedures shall be followed.
3. If the appearance and behavior of the student suspected indicates possible drug overdose, an ambulance should be called immediately. The student shall be attended at all times.
4. The parents or guardians of the student shall be notified immediately of the circumstances and the action taken.
5. A conference with the student and the parents or guardians shall be held at a later date by a designated person in the school to discuss the student's need for treatment and to design what steps would be taken to facilitate the educational process.

Procedures for Cases of Drug Possession

1. The principal shall be notified immediately in all cases.
2. The principal shall notify (1) the parents of the student involved, (2) the Director of Student Services, and (3) the appropriate law enforcement officials or agency.
3. Cases of repeated incidences of possession may result in expulsion from the school system and criminal prosecution.
4. The student has an affirmative duty to submit to search and seizure upon request by the principal or other appropriate official. Failure by a student to submit to a reasonable request to search by an appropriate school official may result in disciplinary action.

Procedures for Cases of Drug Distribution

1. The principal shall be notified immediately in all cases.
2. The principal shall notify (1) the parents of the student involved, (2) the Director of Student Services, and (3) the appropriate law enforcement officials or agency.
3. Cases of distribution or sales may result in expulsion from the school system and criminal prosecution.

4. The student has an affirmative duty to submit to search and seizure upon request by the principal or other appropriate official. Failure by a student to submit to a reasonable request to search by an appropriate school official may result in disciplinary action.

A study consisting of the total number of students referred to the Pupil Personnel Division (Student Services Department) during the last three years indicates a significant decrease in drug-related incidents. According to an Alcohol and Drug Abuse Report on School Suspensions for the months of March, April, and May, 1988, a total number of eight students representing four schools were suspended for alcohol abuse. In the same report, a total number of 23 students representing fifteen schools were suspended for marijuana abuse. The Jefferson County School System is comprised of 61 schools with approximately 40,000 students, and, to date, alcohol abuse is the number one problem involving students within our system. However, the drug issue continues to be a major concern of our school system.

The Jefferson County Board of Education's main intention in developing a drug prevention education program is to produce the best comprehensive health education program possible. We are completely convinced that drug prevention education is by far best served by a complete comprehensive health education program which includes a strong drug and mental health education component. In 1982 we adopted the Growing Health health education program. We began by training teachers at the kindergarten through sixth grade levels and have since expanded the program to include grades kindergarten through twelve. We believe that students within our system will best be served by continuing to expand this existing program rather than playing "catch-up" to some other plan which may or may not meet the needs of our students or has unproven lasting effects.

Senator HEFLIN. Thank you, Mr. Moore.

Ms. Dixon, we are delighted to have you. If you would give your testimony, we would appreciate it.

STATEMENT OF BEVERLY DIXON

Ms. DIXON. Thank you, and good morning.

I'm here on behalf of the Birmingham Board of Education, and as everyone else has stated, there is indeed a drug problem within our society.

The schools did not create this problem, but it is a great responsibility and a challenge that has been placed upon our educational institutions whose primary functions are to educate and prepare our youth to become productive citizens.

But we cannot do this effectively with the drug problem in our community.

I have in my testimony a list of the total alcohol and other drug-related suspensions that have occurred since 1986 through March 1989. They were separated in two categories: alcohol, and other drug-related. I chose, however, to combine them because alcohol is a drug and it is one of our biggest problems in the school system.

I had the opportunity to go to family court yesterday, and it was surprising that most of the students were in family court because of truancy; and when you investigate, there is an alcohol and/or other drug problem within the home.

The Birmingham School System is faced with this a great deal and it is mainly because alcohol isn't treated, per se, as severely as some of the other drugs, for example, cocaine.

Education is an important tool for students, but it has to be just as important for families, for the parents within these homes.

We are dealing with single-parent homes where most of the time the mother or the father is working, and they aren't there. This was the case yesterday with the child in family court. A 14-year-old whose mother works nights, leaves the child unsupervised.

We need in the community activities that guarantee these students positive alternatives to drug use. We have students graduating from school with 3.5 averages, and then they are told there are no jobs available for them. Where else are they to turn?

Yes, there is a need to educate, but there is also a need within the community to provide a safety net of services for these young people, which I feel we are falling short in providing.

Working in collaborations with others maximizes the use of various resources available in our communities, such as the Birmingham Police Department. We have the DARE Program within our schools, which targets every sixth-grade student.

This is a 16-week program that teaches how to recognize and deal with pressures that influence them to experiment with drugs.

The opportunity and advantages of having the police officers in these schools for 16 weeks is great! It alleviated a lot of the behavior problems and misconceptions of law enforcement's role. The police officers usually spent at least half a day at the school. They would work with primary classes; kindergarten, first, and second-grade students, and visit their classrooms. Their work included having lunch with the students.

Just the idea of having the police officers there, the students felt that they could confide in them, thereby building trust.

An incident happened in one area where students alerted the policemen of a potentially fatal incident to take place in the community. The officers following the tip stopped the students for questioning; they were in a van, armed.

Now, these were high-school students from another community. It is problems like this which have been alleviated or reduced within our schools. There is an increased concern as we see the elevation of drug and alcohol use, that we are experiencing an escalation of other crimes. Students bringing weapons to school; perhaps this too is related to drug use.

Among the other agencies assisting us are the Aletheia House; it has a seventh-grade drug prevention program; University of Alabama here in Birmingham, "Drug-Free UAB" has a trained counselor at Thomas, which is our alternative school; students are sent there for suspensions for a minimum of 20 days.

If students are at Thomas for drug-related offenses, they are counseled; but there is a problem when they return to their home school because the counselors and the teachers are not trained; and just aren't equipped to deal with the overwhelming problems of adolescent drug use. They have many other responsibilities such as testing, which we just finished a couple of months ago.

The fact is, they do not have the time nor the expertise. We need manpower, people that can work within our educational system to help these students and support them when they return to their home schools. Our Buddies Program through Woodlawn Community School is a peer counseling/training program offering afterschool support for youth.

The Girls Club works with four of our elementary schools in a program called Friendly Persuasion. This program targeted girls between the ages of 11 and 14 years old to resist the harmful use of drugs.

Their communication skills were enhanced because they worked with younger students, children listen to other children. So, it is very important that when they do listen that these students are giving them the correct information. They are actually helping each other.

Those are just a few of the various programs. One of our main goals in the Birmingham School System is to provide correct educational information and to establish an effective policy.

Our policy right now mainly deals with suspension. We do not have in place a program where we can actually identify these students before they are suspended, so that is one of our main goals, so we can seek out these students and assist them in getting help, referrals, working with parents. Making them aware of the referral agencies where they can get the proper assistance they need.

We also are establishing a resource bank for audiovisual materials, and to build student leaders within our schools to provide them with alternative programs.

We can put as much in the schools as possible, as much educational materials, but if the two don't work hand in hand, education and also the supply in the communities, because when you are talking about Birmingham, you are talking about inner-city students.

You can educate them like Mr. Moore said. If they go back into their community when that's all they see, then what else are they to do? Where else are they to turn?

So, the community needs to be hit a lot harder than what we are hitting now.

Working with a Drug Free Advisory Council, we meet the goals or we attempt to meet the goals that we have set forth. We are implementing the Alabama Health Course of Study. However, it's K through 8, and there's only half a unit in high school, and most of those students take their half a unit in the 9th or 10th grade.

So, health is not stressed as much when you pass the tenth grade, which it should be. More emphasis needs to be placed on the Alabama health course of study.

Teachers are being trained, but the training is minimum, about the knowledge of drugs. That's a long-range goal; and a need for the Birmingham City schools and the community. We were selected for the first time, and the first time applying to the Alabama School Team Community Training, which will be held this year in June.

So, we are hoping that this training institute will enable us to come back and work with our teachers and other schools within the city to help alleviate this problem.

[The prepared statement of Ms. Dixon follows:]

BIRMINGHAM BOARD OF EDUCATION
DRUG EDUCATION PROGRAM

The drug problem within our society has placed a challenge and a responsibility upon our educational institutions whose primary functions are to educate and to prepare our youth in becoming productive citizens. Schools have not created the problem of drug use but they remain one of the few organized systems available to address the problem.

According to the total number of alcohol and other drug related suspensions listed, below there is a need to implement a continuous drug prevention and early intervention program within the Birmingham City Schools.

Total Alcohol and Drug Related Suspensions

YEAR	ELEMENTARY	HIGH SCHOOL	TOTAL
1986-87	29	94	123
1987-88	32	79	111
1988-Mar. 1989	25	79	104

These numbers indicate known cases of alcohol and drug use by students, however, many students will be truant rather than face the consequences of drug and alcohol use at school. These students are placed at Thomas Alternative School for a minimum of twenty days where there is a trained counselor to assist and give these students the support and counseling needed. Once these students return to their home schools, the support and follow-up is not there. The school counselor is either part-time or full-time but has many other responsibilities which do not allow him/her to meet the needs of these students effectively. Due to the increase of youth drug use, trafficking and parental use, there is a need to have trained counselors to serve a number of schools to offer early intervention.

Through drug prevention education, early intervention and working closely with parents, school personnel and other agencies. An effective drug education program can be developed to assist and support the community. In working with the community, various prevention programs have been implemented:

1. D.A.R.E. (Drug Abuse Resistance Education) with the Birmingham Police Department targeting every sixth grade student in the Birmingham City Schools. The primary emphasis is to assist students in recognizing and resisting pressures that influence them to experiment with drugs. The opportunity of schools having a uniformed police officer one day a week for sixteen weeks has alleviated many behavioral problems. Students have someone to trust and share their concerns with.

2. Drug-Free University of Alabama in Birmingham is working with students of Woodlawn High School through the health classes. These

students are involved in leadership skills and how to assist their peers.

3. Just Say No Clubs in 27 Elementary Schools. These clubs provide students with meaningful activities under adult supervision and guidance.

4. The Girls Club is working with four elementary schools. Female students in grades six through eight (11-14 years old) are trained to resist the use of harmful substances through a peer leadership approach.

The goals of the Birmingham City Schools Drug Education program are to:

1. Provide correct educational information concerning the illicit use of drugs to all students, parents and community leaders, concentrating on awareness, prevention and early intervention.

2. Establish an effective alcohol/drug policy.

3. Provide training for teachers, administrators and other school personnel.

4. Network with and utilize the services of organizations providing assistance in treatment, referral and enforcement to address the problem of alcohol and substance abuse.

5. Establish a resource bank inclusive of audio/visual material relevant to alcohol and substance abuse, literature and referral information.

6. To build student leaders and to provide students with alternative programs.

The Drug Free Schools Advisory Council was formed to help our school system meet these goals. The Council is a broad-based group of individuals representative of our community which meets bimonthly. The Council's objective is to provide a safe and drug-free environment for all students.

The Alabama Health Course of Study for grades K-8 and one half unit for grade 9 is being taught in all the Birmingham City Schools. The health curriculum has an alcohol and drug unit included. Other resource materials are being used to enhance this curriculum, in other classes such as science.

Teachers are being trained in drug prevention and are made knowledgeable about drugs. Birmingham City Schools - Community Team has been selected by the Southeast Regional Center for Drug-Free Schools and Communities to attend the Alabama Training Institute. This training will enable us to work with other school/community teams within the Birmingham and surrounding areas.

Senator **Heflin**. You seem to have a very novel approach. I have heard about it in other school systems that we have had that this DARE, Drug Abuse Resistance Education, by the use of uniformed police officers come into the school.

Now is this in the sixth grade?

Ms. **Dixon**. We are talking about all sixth grades.

Senator **Heflin**. In each of the schools in the Birmingham city school system, a uniformed police officer comes to the sixth grade for 1 day a week for 16 weeks?

Ms. **Dixon**. Right.

Senator **Heflin**. He is there for the purpose of showing and talking to students about the drug problems and, I suppose, other crime-related problems?

Ms. **Dixon**. Right. It is a structured program, but of course they can deviate from it.

They also have included discussions on gangs. We are having problems with students bring weapons to school. They do talk about illegal use of weapons and firearms.

Senator **Heflin**. You got this drug-free University of Alabama at Birmingham program working with students at Woodlawn High School in the health classes. Now what are they doing?

Ms. **Dixon**. OK. Mr. Collins is here and could probably elaborate more. Actually, teaching students about drugs, the problems and peer pressure, so they will be able to go back in their communities and actually say "no."

Senator **Heflin**. Now, this is not your regular faculty, but these are people that come from the UAB?

Ms. **Dixon**. Right.

Senator **Heflin**. Are they qualified?

Ms. **Dixon**. Board approved.

Senator **Heflin**. I mean, are they specialists of some sort?

Ms. **Dixon**. Yes, they have the training.

Senator **Heflin**. Are they trained as they would normally be with your teachers?

Ms. **Dixon**. Right. That is why I feel there is a need to train teachers so they will be able to do this themselves, and implement it through the health curriculum.

Networking with the community is very important, the police department and other agencies, these programs are useful.

Senator **Heflin**. I understand that you have "Just Say No" clubs in 27 elementary schools. Now how many elementary schools do you have in the city?

Ms. **Dixon**. Right now we have, for instance, 26 K–5 schools, and 48 K–8 schools. These clubs are optional. They are not mandatory because they require a teacher sponsor.

Senator **Heflin**. You also have a Girls Club working with four elementary schools. Female students in grades six through eight, they are 11- to 14-years old, are trained to resist the use of harmful substances through peer leadership approach.

How does that work? Is that optional?

Ms. **Dixon**. No, it is not optional. We are working with four elementary schools: Washington, Elyton, Hill, and Center Street. These schools are centered around a federally subsidized housing community. This is a grant that was awarded to the Girls Club.

The Girls Club in Birmingham was selected along with three other girls clubs throughout the country to implement this pilot program.

They work with girls, ages 11 through 14, in leadership skills. These girls work with younger girls to help them resist pressures, and teach them about the harmful use of substances.

Senator HEFLIN. Now, I see in your written testimony where you have suspensions that have occurred in the school system.

Ms. DIXON. Yes.

Senator HEFLIN. These students are placed at Thomas Alternative Schools for a minimum of 20 days where there is a trained counselor to assist in giving these kids some support and counseling as needed. Of course, you indicate that when they leave there and go back, there is a real void or an absence of trained counselors to follow through.

But is the Thomas Alternative School—is that program working effectively?

Ms. DIXON. From my observation, the program seems to be working effectively, but once they return to their home school, these students still need support, and they still need the guidance that they got when they were at Thomas. Thomas is very small, there are only a few students there at a time, and the counselor (social worker) at Thomas is not hired through the Birmingham Board of Education, a grant through drug-free UAB.

So, I am saying the educational system needs people like this within the regular school structure.

Senator HEFLIN. Now, what about the State program of Health Education Program dealing with drugs?

Ms. DIXON. That is a comprehensive program.

Senator HEFLIN. That is a comprehensive program. It covers how many different clubs—grade levels. Does it teach?

Ms. DIXON. It is taught in grades K–9.

Senator HEFLIN. Each grade level?

Ms. DIXON. It is in every Birmingham city school.

The half a unit the students take is in the 9th or 10th grade, and most of them take it in the 9th grade; therefore, health is not taught past the 9th grade.

Senator HEFLIN. In other words, your feeling is that drug education ought to go on through to graduation?

Ms. DIXON. Right. It should be mandated that it is taught K–12.

Senator HEFLIN. Mandatory?

Ms. DIXON. It is only half a unit from the State Department, if I am not correct.

I feel that the students in high school should take health through the 12th grade, and it should be just as important as any other subject. Not enough emphasis is placed on health.

Senator HEFLIN. Mr. Jacobs, you mentioned that the State of Alabama through its legislature has sometimes appropriated money for drug education and then dropped it, and I believe that you testified that in the present bill that is now just passing the legislature, they eliminated the money for drug education.

Does that money—if it had stayed in the budget, is that money that can be used as matching money for Federal funds?

Mr. JACOBS. No, because the money would have been utilized in continued programs we have had this year. For example, in developing the comprehensive health education program, we also developed curriculum guides or activities, lessons teachers could teach in the classroom. That is a very expensive, in terms of staff and resources. We have not been able to do what we believe is the adequate training as she has mentioned with the teachers. We need to do that.

Birmingham is going to be one of six school systems this summer that will training in the school, the community collaboration teams, and it will be of great benefit, I think, to Birmingham when those folks come back to work in the community.

However, we trained six school systems last year and six this year. Without any money we probably will not train any next year, and even if the rate of six a summer, we will have them all trained.

That is what that money would go for.

Senator HEFLIN. Well, now the money that you get from the Federal Government relative to the drug program are on a match-basis or on a share-basis matching, I believe, 75-25 in a lot of programs.

Whether it is in education, I am not sure. But you have to have matching money relative to the educational funds that come from Federal level?

Mr. JACOBS. No, we did not.

Senator HEFLIN. You do not. That is a direct grant?

Mr. JACOBS. That is a direct grant, and as is currently set, 30 percent of that money goes to the Governor's office to be granted in discretionary programs, and 70 percent comes to education, 90 percent of that 70 percent is simply passed through to local school systems.

The only stipulation being essentially that it be used for drug education or prevention activities.

Senator HEFLIN. Do you have any idea how much Federal money is made available to the State of Alabama's educational system?

Mr. JACOBS. Yes, sir. I can tell you exactly what it has been for the last two fiscal years. It was in fiscal year 1987—it was $2,760,904. Education's portion of that was $1.9 million, $1.932. The Governor's portion of that was $828,000.

Of that $1.9 that the State received, $1.7 of that was passed through to the 130 school systems in the State to be spent at that level, and $193,000 was repaid to the State. In fiscal year 1989, there was about an 18-percent increase in those figures, but the distribution worked the same way.

Senator HEFLIN. Well, the $200,000 would be for State programs?

Mr. JACOBS. Yes.

Senator HEFLIN. That is, by the State legislature for drug education? What will that mean that you will have to curtail programs?

Mr. JACOBS. We will have to curtail training. We will have to curtail a lot of staff at the State level. We are in the process of establishing some regional materials resource centers so that we can purchase materials that local school systems will not have purchase, but can be shared throughout a region of several counties. We will have to stop that entirely. We were able to begin that process this year.

As I mentioned in developing curriculum guides, we put a staff of about 50 people who worked for a period of 2 months. Now that was money that the State already had the people paid. They were pulled aside to work on this, which meant that other things simply did not get done.

We have one person at the State level who works in the area of coordinating the Federal drug program. Beyond that, we do not have anyone else. We do not have, at the current time, sufficient health educators to work with our local school systems in doing the kind of training that has been mentioned as needed.

Those are, I think, some very serious things that we have.

Mr. MOORE. Excuse me, that was what I was alluding to in proper funding. There are a lot of grants that are good, but they are for 2 years, they are for 3 years. When they run out, then you got to try to go out and find other names, and you cannot do long-range planning for a good comprehensive program when you having to go from grant to grant to exist—for a program to exist.

Mr. JACOBS. And you cannot have a comprehensive program when you have various agencies, private and or public competing for what funds are available. You have heard mentioned this morning of programs from the police department, from the Girls Club, the Lions Club, and other agencies. You can have a plan and you try to put it in place, but over here you have other people wanting to do their thing while they may be very good things, you do not have anything comprehensive that hangs together that focuses on the child over a period of 12 years.

Senator HEFLIN. Mr. Jacobs, I do not want you to go to any great deal of trouble, but I just wondered maybe if you could outline on paper what you would consider a model plan for a high school of about a 5A high-school size?

Mr. JACOBS. I think it would be 7——

Senator HEFLIN. I mean a school is about 1,000, which would have all the grades K–12 as to what type of personnel and what type of programs that you would think would be a model program as to how you would approach an educational program, and what you think would be very effective relative to teaching children to say no to drugs and to keep them off, and what you need.

Sometimes you hear all of these things, and they are different grants that are made and others that are novel, but I have not seen any comprehensive sort of a plan. I do not want you to have to spend a lot of time, but if you could give it some thought and put it in writing, we would like that. Any one of you the same way, if you think of what would be needed, you can give some guidance.

I do not think there is any question that law enforcement people testified today, testified at each of our hearings that if we are to win the war on drugs, it has got to be won at the educational level. That is coming through loud and clear. We can cut down on the supply side and stop them by using military and other equipment and other resources, and stop foreign sources. But again, the problem will crop up and be produced domestically in laboratories, in places across the country.

But when you finally win it, it comes down that you have to win in the schools of this country. So many families just are not going to be involved, but if we go with it there has got to be programs in the schools, and I really think we need some sort of model plan on what might be useful. It could be very useful in planning sometime in the future.

Mr. JACOBS. I have about two-thirds of that with me. There is one component we need to work on—that is the personnel to work with the children once we have identified those who do have the problems.

As I stated in my written testimony, we know by the end of the early elementary grades which children will most likely to have problems. We simply do not have the resources to deal with them to help them, so they get to high school and how the problem, and we focus on it then.

Senator HEFLIN. Mr. Moore, we hear that there is a new form of drug using cocaine that is beginning to appear in rural areas, we know about crack, but this is called crank. I just wondered if you know if in your schools system in Jefferson County—have you run into any of this yet?

Mr. MOORE. Thank goodness we have not, Senator. We are continually—as I said before—alcohol is our No. 1 problem. We see a lot of marijuana, but to our knowledge we have not had crack or cocaine in the school. Now that does not mean that school-age children are not having this, but they are doing it away from school, and we do not know about it until they have been withdrawn because they have been committed to some drug rehab program.

But we understand and we are aware of this. Crack is the most frightening thing we have had to deal with because of the susceptibility of, the easiness, the portability—but so far we really have not had that to deal with in the school. We have not found it on anybody.

Senator HEFLIN. Well, thank you. We appreciate your testimony. We are vitally interested in this problem. We congratulate each of you on what you are doing with schools.

Thank you.

Our next panel is going to deal with rehabilitation and treatment. Mr. Charles Collins, program coordinator of Substance Abuse Programs at the University Alabama at Birmingham; Chris Retan, executive director of Aletheia House; Mr. E.N. Burson, vice president of programs of the Bradford Group; and Dr. Barbara Bowden, in dealing with education of the Bradford Group.

Mr. Collins, we will be delighted to hear from you first.

PANEL CONSISTING OF CHARLES COLLINS, PROGRAM COORDINATOR, SUBSTANCE ABUSE PROGRAM, UNIVERSITY OF ALABAMA AT BIRMINGHAM; CHRIS RETAN, EXECUTIVE DIRECTOR, ALETHEIA HOUSE; E.N. (CHIP) BURSON, VICE PRESIDENT OF PROGRAMS, THE BRADFORD GROUP, ACCOMPANIED BY DR. BARBARA BOWDEN, CORPORATE DIRECTOR OF EDUCATION, THE BRADFORD GROUP

STATEMENT OF CHARLES COLLINS

Mr. COLLINS. The UAB Substance Abuse Program has three components: a drug-free component, a methadone component, and a TASC component (Treatment Alternative to Street Crime).

I am going to talk a little bit about the TASC component. That is a system or its mission is to reduce the criminality of drug dependent individuals by maximizing the rehabilitative aspects and using the leverage of the criminal justice system.

We recently did a study here at the jails that Pete Johnson summarized earlier in his testimony. And I wanted to compare that—Judge Johnson did not know the fact that in 1979, the Bureau of Justice Statistics has already had that study done, and at that time about a third of those individuals that were arrested and were tested had drugs in their urine, so we compare that figure from 1979 to the present, we found 75 percent had drugs in their urine upon arrest. There was more for men than for women, and we found cocaine to be the most predominant drug in their urine.

Of course, there were many intoxicated individuals on alcohol, but that did not show up in the urine test. So, we did not test for alcohol in that study.

Senator HEFLIN. In other words, then from 1979 to what year?

Mr. COLLINS. 1989.

Senator HEFLIN. To 1989 it increased from 35 percent to 75?

Mr. COLLINS. Yes, sir.

Senator HEFLIN. As I understand it, there was a bias in the study conducted by Judge Johnson. The study reflected statistics of those who agreed to be tested. I believe that Judge Johnson said that 25 percent refused to be tested. So the statistics could by higher if you add those who refused testing?

Mr. COLLINS. Right. Judge Johnson did not know about the 1979 statistic, and Judge Johnson also did not know that alcohol was not considered.

We had obviously intoxicated individuals, but alcohol is not considered in that study.

In my statement to you, I recommended three general criminal justice policy recommendations that we have learned from the TASC Program that we would like to make, and that is—I am going to read those—we should require urine analysis on all arrestees to identify drug dependent offenders. No. 2, there should be pretrial supervision of drug dependent offenders released on the community, and bail should be conditioned to continue testing and/or treatment for these drug dependent offenders and should be reviewed or revoked when a person is positive for a drug. And my third recommendation, urine analysis should continue on identified drug offenders throughout the criminal justice system and conditions of diversion such as probation or parole should require continued testing of the urine of these offenders.

We do know the treatment works. Frequently we see individuals who have been incarcerated, that independent of the length of the sentence that any of these individuals get, return to use of cocaine or narcotics 3 months after they are released from the criminal justice system.

However, we see that in the area of treatment that that figure is greatly reduced. We also see the offenders that are in treatment programs have reduced criminality while they are in the treatment program. The treatment program does not even need to be finished. Just the fact that they are in the treatment program and are starting to get help reduces the criminality of many of these individuals.

Last of all—I am going to be very short—but last of all I needed to defend the methadone program a little bit, and we have 300 individuals in the State of Alabama that are on methadone, approximately 200 in Birmingham, and 100 in Mobile, and we have found that methadone program is no panacea by any means. But we do find that for those individuals that are antisocial, sociopathic drug abusers with 12 to 15 years of street narcotic addiction who have been in and out of the criminal justice system, methadone is an appropriate treatment program for those individuals.

[The prepared statement of Mr. Collins follows:]

REMARKS BY

Charles B. Collins, Jr.

Program Coordinator

Substance Abuse Programs

University of Alabama at Birmingham

The Senate Judiciary Committe Subcommittee on
Courts and Administrative Practice

April 28, 1989

Courtroom Four Federal Office Building

Birmingham, Alabama

My name is Charles Collins and I represent the Substance Abuse Programs of the University of Alabama at Birmingham. I would like to express my appreciation to Senator Heflin for his interest in the problem of drug abuse.

The UAB Substance Abuse Program is the largest drug abuse program in the State of Alabama. Its three (3) components: Drug Free, Methadone and Treatment Alternatives to Street Crime (TASC) provide services to substance abusers and their families.

TASC provides community based alternatives to incarceration. The TASC mission is to reduce the criminality of drug dependent offenders by maximizing the rehabilitative aspects of the treatment and criminal justice systems. This mission is achieved through the identification of drug dependent offenders; matching the drug dependent offender with appropriate resources and the use of criminal justice system leverage to compel compliance with a recommended case management plan.

The Birmingham TASC program is the oldest of 130 programs which have been funded by the Department of Justice. Our program is serving as an exemplary program for programs currently being developed around the country. New programs are beginning because

TASC programs, thanks in part to Senator Heflin, are fundable as proven programs under both the 1984 Justice Assistance Act and the Federal Enforcement Block Grants to the States.

We cannot continue to increase the numbers of offenders incarcerated exponentially without regard to the monetary and human cost. From 1976 to 1986, we have increased the number of inmates in Alabama prisons from 4,500 to 12,360, an increase of 150%. The cost to the Alabama general fund has increased from $ 44 million in FY '80 - '81 to 114 million in FY '86 - '87. Nationally the Bureau of Justice statistics state that at the rate we are incarcerating offenders we need 1000 new prison beds and 400 new jail beds per week just to keep up. At $ 50,000 per new bed this is $ 70,000,000 per week for new construction of prison beds.

The Bureau of Justice Statistics has reported that in 1979 almost a third of all states' inmates were under the influence of an illegal drug when they committed the crimes for which they were incarcerated.

A recent National Institute of Justice experiment in Birmingham tested arrestees for drugs. Overall 75 per cent showed presence of drugs in their urine. The data from the tests showed that 52 per cent of the males and 38 per cent of the females tested positive for cocaine. Our results indicate the Birmingham has a problem on the scale of much larger cities.

A recent urine testing experiment conducted by Birmingham TASC at the Jefferson County Family Court revealed that 28 per cent of the juveniles urine samples contained drugs. The pretrial rearrest rate is 50 % higher for released drug users than for non-users. When placed on urine monitoring, as is done with TASC, the rearrest rate was reduced by 50 % to the rate of non drug using offenders. These findings provide strong evidence for discovery of drug use before defendants are released pending trial. The rearrest rate is directly related to the severity of drug abuse. For example, offenders who tested positive for one drug had a 22 % rearrest rate and those who used two drugs had a 28% rearrest rate and those who used three or more, a 30% rearrest rate. Our experience at TASC could lead us to recommend the following Criminal Justice policy recommendations:

(1) WE SHOULD REQUIRE URINALYSIS TESTING ON ALL ARRESTEES TO IDENTIFY DRUG DEPENDENT OFFENDERS.

(2) THERE SHOULD BE PRETRIAL SUPERVISION OF DRUG DEPENDENT OFFENDERS RELEASED ON THE COMMUNITY AND BAIL SHOULD BE CONDITIONED TO CONTINUED TESTING AND/OR TREATMENT FOR DRUG DEPENDENT OFFENDERS AND SHOULD BE REVIEWED OR REVOKED WHEN A PERSON IS POSITIVE.

(3) URINALYSIS SHOULD CONTINUE ON IDENTIFIED OFFENDERS THROUGHOUT THE JUSTICE PROCESS. CONDITIONS OF DIVERSION, PROBATION OR PAROLE, SHOULD REQUIRE CONTINUED TESTING.

The evidence available suggests that two thirds or more of arrested narcotic abusers quickly return to narcotics or cocaine use and associated criminality within three months after release, regardless of case disposition or length of sentence. In contrast, several studies of drug treatment outcome showed substantial reductions in drug use and criminality of cocaine/narcotic abusers.

In addition, we know that the criminality of narcotic abusers is substantially reduced while they are receiving drug treatment. We know it is reduced substantially, as previously stated, by urinalysis supervision alone.

The UAB Substance Abuse Programs also provide Methadone Treatment. Methadone Treatment which is available to only 300 clients state wide can have profound impact on the antisocial, hard core addict who does not respond to traditional abstinence based treatment. Methadone clients report less than half as much criminality as narcotic abusers not in treatment.

It has become impossible to discuss drug abuse in the United States and not discuss the effects of AIDS on this population. The Center for Disease Control reports that whereas AIDS cases among gay males has dropped seven (7) per cent in 1989, cases among Intravenous Drug Abusers has increased five (5) per cent in 1989. The Presidential AIDS Commission, chaired by Admiral Watkins, reported that treatment availability upon demand for Intravenous Drug Abusers was essential to curtailing the spread of this virus. We must take the first step in fighting this deadly disease by making treatment services more available to the drug abusing population.

Senator HEFLIN. Mr. Retan, we are glad to see you and that you have received the award from the Birmingham Community Development Program.

Mr. RETAN. You saw a good skit.

Senator HEFLIN. Yes, sir.

STATEMENT OF CHRIS RETAN

Mr. RETAN. I want to thank you for inviting us giving us the opportunity to speak.

As many of the people have said here, Alabama does have a tremendously serious drug problem, particularly in the area of cocaine, including crack cocaine.

And the way we know that is everyday mothers, fathers, sisters, and brothers call us and they say, "My loved one, my son or my daughter has a drug problem. He has finally said that he will get some help. Now, where can we go to get help." In Birmingham, for publicly funded beds, is 12 beds for people who need help.

There is another 40 to 50 in Gadsden. That is all of the publicly funded beds in Alabama. I tell you I am sorry—recently they have added 6 beds at Bradford.

We did 150 to 200 people, just from Birmingham, calling, begging for help, and ten of them can get into treatment. If they call from Tuscaloosa or from Montgomery or Mobile, we just tell them, "Sorry, we can't help you."

So what has happened is that those people who are in pain—they go out and commit crimes to get money for their drug habit or they are dying from overdoses or they are sharing needles or they are having babies that are addicted to cocaine. Imagine that in Birmingham. We are treating babies that are addicted to cocaine. There are babies in our State who are infected with the AIDS virus.

Now, it just makes sense to me that every—that the corner stone of the effective drug abuse program ought to be that if somebody will ask for help that we give them help. All the law enforce in the world is important, but it is not going to stop it if—when people finally say, "Yes, I'm afraid of getting arrested. I want some help." But we are not able to give help.

Now, I do want to say that the 1988 act that passed is important, and just to let you know that money is in Montgomery and probably within the next 6 to 9 months is going to be spent on treatment, and thank goodness that Senators such as yourself supported that bill because it is very important.

But our concern is that was the first time, as you know—the first time in the history of this country that we passed drug abuse legislation that gave adequate money to supply reduction and demand reduction. I commend the Senate and the Congress for doing that, for putting 50 percent on one side and 50 percent on the other.

But my concern is that now President Bush is recommending that we go back to 70–30, that we go back to putting more money into interdiction and enforcement than we are in treatment and education.

So, you have heard a lot of things here today that are important, but you cannot do anything about. What you can do in the appropriations bill, we really ask that you please look at that and make sure that equal funding is provided for demand reductions and supply reductions. That is something you can do right now.

The other thing, and I have talked to you briefly about this that we need your help on, this is something we need some very specific outlines is the 1988 act included some money to reduce waiting lists. Our waiting list for treatment is going to be over 200 people, and there is going to be some competitive grants that will be available to states—$75 million was included in the bill that you voted for to reduce these waiting lists.

But they are nationally competitive, and our concern is that if we do not have our Senators up there fighting for Alabama, that the money is going to go to New York and LA and Washington, DC. When the money gets past that, Alabama is going to be at the end of the list.

So, I hope that we are going to be submitting a proposal and there would be other Alabama treatment centers asking for help in reducing the waiting lists. Within the next 3 or 4 months the Federal Government will decide how $75 million is appropriated. I know that you know that we need it here.

I also know how things go over in Washington. Folks get to scrapping about things that often times we do not get our fair share, and I hope that you will look at these real closely, and certainly we will give you the names of the treatment centers that are looking for that, and that you will look out for us and make sure that we have adequate treatment.

Those are two things—the equal funding and waiting list things that you, as a U.S. Senator, can do to help us.

I want to close, Senator, by sharing a story that I have had a hard time shaking, and I want to use this to help you understand how hard this is for us.

We had a young man who called us less than a year ago asking for treatment, and as we usually have to do, we put him on a waiting list. About 3 weeks later, while he is still on out waiting list, he shot and killed several people while he was on drugs. After that, he went to Mississippi and took his own life.

Now, I do not know if we had adequate treatment resources if that young man and innocent people that he killed would be alive today. I do not know that. God knows that. I do not know that.

But what I do know is that people like yourself can help us provide more treatment so that we will not have to worry about having as many of those cases, and I hope and pray that you will give consideration to that.

Thank you.

[The prepared statement of Mr. Retan follows:]

TESTIMONY OF CHRIS RETAN

My name is Chris Retan. I am the director of Aletheia House, a non-profit drug abuse treatment center.

First, I want to commend you, Senator Heflin, and the other members of this committee for taking the time the hold these hearings. Your willingness to come and listen shows that you care about this serious problem.

Alabama has a terrible drug abuse problem. There are thousands of people in our state who are addicted to drugs. Most are addicted to cocaine, including "crack" cocaine.

Every day, mothers and fathers, sisters and brothers, husbands and wives, call us begging for treatment for their loved ones. After many years of pain caused by drug addiction, their loved one has finally admitted that he or she needs help. So they call us.

Birmingham, the largest city in Alabama, has only twelve treatment beds. If they call from Montgomery or Mobile or Huntsville or Tuscaloosa, we turn them away. If they are from our area , we put them on a long waiting list. We can't stop their pain because there is no space. And so they keep using drugs.

Untreated addicts commit crimes to get money for drugs. In Birmingham, 75% of the men arrested are drug abusers. This rate is higher than Los Angeles, Houston and Detroit.

Untreated addicts are dying from overdoses. They are sharing needles and spreading AIDS. The fastest growing cause of AIDS is the sharing of needles by drug abusers.

Our Women's Recovery Center treats women and their children, including babies. More and more, these babies are addicted to cocaine. Babies from Birmingham are dying from AIDS.

We need your help to stop this pain. Mothers and fathers, husbands and wives and children are going through living hell because affordable treatment is not available in Alabama. We need more funding for treatment.

Let me be specific. There are two important things you can do to help us solve this problem.

Last year, Congress passed the Anti-Drug Abuse Act of 1988. This bill, for the first time in our long national campaign against drugs, provided equal funding to reduce the demand for drugs. 50% went for supply reduction (law enforcement, prisons, interdiction) and 50% went to demand reduction (treatment, education, prevention).

Unfortunately, President Bush has made proposals which would re-emphasize supply reduction strategies. Under his plan, we would return to 70% supply reduction, 30% demand reduction. We urge you to fight for equal funding for supply and demand reduction. Every person who honestly asks for help to get off drugs should be able to receive affordable treatment.

Secondly, the 1988 Anti-Drug Abuse Act includes $75 million to reduce treatment waiting lists. Aletheia House and other Alabama treatment programs will apply for these funds. Because these are nationally competitive grants, we are concerned that all of this money will go to big cities such as New York, Miami, Washington D.C., and Los Angeles. We need your help, Senator Heflin, to make sure that Alabama receives its fair share of these funds.

In closing, I want to share a true story with you. Two years ago, a young man called our office seeking treatment. As usual, we didn't have a bed available for him. Several weeks later, while he was still on our waiting list, he was involved in a drug related shooting. After killing several innocent people, he turned the gun on himself.

I don't know if we could have saved those lives. Only God knows. But I do know that this country needs to do more. We must have more treatment beds. Please do everything in your power to make that happen.

Senator HEFLIN. Mr. Burson, we are delighted to have you here. You represent a group a little bit different from Mr. Retan, as the not-for-profit type, but yours is the one where treatment can be obtained if they have insurance coverage and are able to pay for it. It forms a part of the rehabilitation whether it comes from the private hospitals or whether it comes from public treatment centers.

We will be delighted to hear from you.

STATEMENT OF E.N. (CHIP) BURSON

Mr. BURSON. Thank you. I appreciate being here, Senator, and I have here with me Dr. Barbara Bowden, who is an educational specialist for our group, and I certainly support everything that Mr. Chris Retan has said. I could not agree with him more on the high points of his testimony, and I think we will have some interesting things to say today from the private sector that will be music to your ears, Chris.

The Bradford Group, through its many professional staff members believes that the drug problem in America can be best addressed by a balanced approach to the "demand side" as well as "supply side" activities. We believe that powerful efforts in the criminal justice arena should be focused upon the producers and importers of illegal drugs, while an equally powerful balancing focus should be aimed at the victims and their loved ones who suffer from alcohol and drug problems.

We are told that 16 to 20 percent of the adult population suffers from alcoholism and other addictions. When the teenage population is factored into this number, and when relatives who are affected by chemically dependent loved ones are accounted for, and when the negative economic impact of lost productivity in the work place is added, we are faced with an epidemic problem which touches virtually everyone in our society.

One out of five teenagers between the ages of 14 and 17 is estimated to be having significant problems with alcohol and other drugs. Over 50 percent of all fatal highway accidents result from drinking and drugging. Automobile accidents are the No. 1 cause of death of American teenagers. Our Nation's most valuable resource, the next generation, is being squandered by the effects of this drug epidemic.

The scope of the drug and alcohol problem in this country has been well studied and expertly documented. The media have helped bring these problems to the forefront of America's consciousness. Therefore, for the purposes of this testimony, we feel that belaboring statistics is unnecessary. Let us look, rather, at issues relative to a solution.

We feel the following issues are of major national concern, and should be addressed in both public and private policy:

One: Minimum coverage for adequate alcoholism, drug dependency treatment should be included in health insurance policies.

Two: Since we today know that addictive diseases can be effectively treated, long-term recovery is available and measurable, and that good treatment works on behalf of individuals and society, and we should provide access to treatment for the victims of the illness.

Three: Evidence points to the fact that knowledgeable professionals are not being effectively heard regarding the success of treatment, therefore more public education and recognition is needed.

Four: Minimum measurable standards of care must be set so that there is consistency of treatment. Currently, there is far too much variation in the treatment approaches. We cannot afford to accept substandard treatment in the private or in the public sector.

Five: Standard quality assurance measure and meaningful treatment outcome studies need to be implemented in all areas of treatment services.

Six: Americans have traditionally underestimated the power of addictions and minimized the scope of the problem. Therefore, we have tended to focus on the illegal drug trade while paying less attention to problems with prescription drug abuse and alcoholism. This trend can be altered through education.

Seven: Healthy partnerships between the public and private sector can be established in business, government and law to formulate cooperative efforts.

Eight: Our approach should be comprehensive involving prevention, education, treatment, and law enforcement. We should take great care to not criminalize the victims of disease nor to provide easy escape routes for criminal purveyors.

The private sector has had a long history of compliance with standards of care such as those used by the Joint Commissions on Accreditation of Rehabilitation Facilities. As a result of this cumulative experience, there is a large untapped pool of professional expertise available for consultation regarding public policy which could be used to combat the worsening drug problem and to assist in enhancing the quality of care in general.

Bradford believes that the treatment industry, which has expanded rapidly in the last 10 years, has the capacity to help meet the challenge to America. We can be part of the solution by joining hands with the public sector in providing care for those who cannot afford it.

Therefore, Bradford proposes to offer 10 percent of its occupied beds to be used for the treatment of needy persons who would otherwise not receive appropriate care. This offer to join in a partnership of concern with those in the public sector who are charged with the duty to provide services to those who need it most constitutes approximately $1 million of free services.

We believe that since there are approximately 130,000 empty beds in the private sector, and since many of our peers are currently demonstrating a willingness to make similar commitments to help those who cannot help themselves, that a coordinated effort to utilize private beds can be a meaningful contribution by the treatment industry. Thus, we can effectively join hands with the public sector to help meet the increased need for service which will result from more effective law enforcement and education programs.

Bradford has proposed a national task force of public and private providers to join with the many concerned organizations in America to seek further cooperative solutions. We have asked the Alcohol and Drug Problems Association in Washington, DC, to help spearhead a coalition of business, industry, health care providers and government agencies to plan and implement programs to advance treatment, education, and prevention efforts.

We have a special interest in America's youth, and we are presently engaged in State, regional, and national efforts to educate them for prevention/early intervention in an ongoing effort to counter the drug problem epidemic. Through expert training of teachers, administrators, and students we are seeing a positive change in the Alabama schools where we have established programs in student assistance and peer counseling.

For the first time this year, several Alabama students will be recipients in Bradford Peer Counseling scholarship programs.

The need in our State and country is vast. Our resources have been limited. Not unlike the areas of national defense, transportation, and the environment, we of the health care treatment industry believe we can make a meaningful contribution to the national effort.

Senator, we heard the Attorney General testify to the need for tough laws combined with a mandate for adequate treatment. Mr. Horsley, who heads the Department of Mental Health, stated that there are only 12 State-funded beds for adolescents in Alabama. I understand that there are a few more than that, but it is a terrible few.

This is a silent crime of negligence. We must do better than this in our State, and we believe that private industry can help. We plan to continue to offer our assistance. As we put more and more funding into the war on drugs by attacking the supply side, I firmly believe that we should equally fund those of us who see the casualties of this war.

Certain analogies have been made frequently in testimony this week using the metaphor for warfare. I would like to extend that metaphor without stretching it too far. We in the treatment industry operate a MASH unit right at the front lines. All of our patients are victims of the warfare. We rarely, if ever, see the big drug dealers, the kingpins, of any of the importers, but we daily deal with the citizenry who are so painfully affected.

Unfortunately, there seems to be no end in sight. However, great progress can be made if we address addictive diseases for what they are: the No. 1 killers in America.

Through frank acceptance of the severity of the problem, we can begin to honestly address it. This will require great cooperation from all agencies.

Here in Birmingham, AL, we are in the midst of a great medical training and research center. The professional expertise available in this city, much less the entire country, could do so much to heal this problem.

Help us to find the financial resources for creative health care solutions so that we may diminish what President Bush yesterday called "Our Nation's voracious appetite for drugs."

Help us to carry the message clearly to our Nation so that the citizenry can honestly call a crime a crime and an illness an illness, and apply the appropriate remedy to both.

Last night, for many hours on prime time television, personalities, such as Mr. Bennett and Mr. Kemp, commentators like Mr. Koppel discussed Washington, DC, the divided city. The theme was the drug problem and the national impact. A major emphasis in their discussion followed President Bush's request yesterday that American private business do everything in its power to help solve the drug problem, here at home and in our Nation's capital.

We look forward to working with you and your staff in every way that we may be of service to create cooperative programs such as we have outlined here. Our battles will indeed be fought on the field of values. Our Nation will be reassessing its entire social posture as a result of the efforts to fight the drug problem. We of the health care industry plan to be prepared to serve those who suffer and cannot fight.

I want to step away from my text just a bit, and use another analogy that has been used in the health care field, and one that I have a great deal of experience with. We talked about for years that we have been running an "ambulance service at the foot of a cliff." If you can imagine in your mind a cliff in the mountains with a hairpin turn at the top of a cliff and traffic coming around that hairpin turn with no warning signs into that turn at all. Most of the traffic is speeding. Half of those automobiles veer off that curve and go over the cliff to crash at the bottom.

We have been running an ambulance service in the drug and alcohol treatment community that is at the bottom of that cliff. For many years most of our clientele were dead when the ambulance arrived. The other half we dragged off to the hospital and tried to resuscitate. One-quarter of that half were able to get help and to find some long-term relief to addiction.

Today things have changed. We have begun to build a fence at the top of that cliff. We are catching people earlier and earlier. They are not having to fall so far. The ambulance service works better and more and more people are finding longer and longer recoveries from this dreaded illness.

But we have not yet begun to set up the sign posts in front of that hairpin curve that are needed to keep people from veering off the cliff. And that sign post, sir, is education for prevention, and it is up to us—those of us who deal with the victims of this illness on a daily basis—people like Mr. Retan, like the folks at UAB, like us at Bradford, to be the leaders, not only in treatment, but also in prevention.

It is up to us to begin to carry that knowledge we have into the public view in an expert way using good numbers and good techniques to educate the public better and better. That is our job.

I come from five generations of alcoholics and addicts. They did not make it here to testify today. They could have been here. Some of those—certainly my grandfather, certainly my mother—could have been here today. They could have lived that long. They did not have the opportunity because 20 or 30 years were knocked off their lives as a result of this very illness that we are talking about.

Whether we call it drug addiction or whether we call it alcoholism, and whether we are fighting the importation of illegal drugs or the use of the second most prescribed drug other than aspirin, valium, in a way that is abusive; we are dealing with one thing: we are dealing with the disease of addiction which fuels this problem.

Senator, if there were not any customers, there would not be any business, and we are working with the customers, the consumers. I absolutely believe that law enforcement, the military, or whatever resources can be put in place should fight this war, particularly on the foreign fronts, and at our borders. We should become capable and fund that capability to fight this problem on the home front.

I would like to challenge the private industry today to take the kind of opportunity we have taken to join forces with folks who have been struggling underfunded for the last 15 or 20 years. We have our time, our money, and our talent. Let's contribute those resources to the effort.

I would like Dr. Bowden to speak a bit. She is our specialist in education who works closely with the various school systems that you heard from today, and she is hammering away at the heart of where the solution risk may lie.

Thank you.

[The prepared statement of Mr. Burson follows:]

PREPARED STATEMENT OF E. N. BURSON

VICE PRESIDENT OF PROGRAMS FOR THE BRADFORD GROUP

The Bradford Group is a private provider of residential and hospital-based alcohol and drug treatment in the State of Alabama. The corporation has Outreach offices in seven states and the District of Columbia. Bradford facilities represent approximately 250 treatment beds. All Bradford programs are certified by the State Department of Mental Health and are accredited by the Joint Commission on Accreditation of Healthcare Organizations. The company operates three residential adult treatment programs in the State, and a separate free-standing facility dedicated to the treatment of adolescents and their families.

Mr. E.N. (Chip) Burson is Vice President of Programs for The Bradford Group, and has responsibility for clinical services, professional services, program design and quality assurance.

The Bradford Group, through its many professional staff members, believes that the drug problem in America can be best addressed by a balanced approach to "demand side" as well as "supply side" activities. We believe that powerful efforts in the criminal justice arena should be focused upon the producers and importers of illegal drugs, while an equally powerfully balancing focus should be aimed at the victims and their loved ones who suffer from alcohol and drug problems.

We are told that 16-20% of the adult population suffers from alcoholism and other addictions. When the teenage population is factored into this number, and when relatives who are affected by chemically dependent loved ones are accounted for, and when the negative economic impact of lost productivity in the work place is added we are faced with an epidemic problem which touches virtually everyone in society.

One out of five teenagers between the ages of 14 and 17 is estimated to be having significant problems with alcohol or other drugs. Over 50% of all fatal highway accidents result from drinking or drugging. Automobile accidents are the number one cause of death of American teenagers. Our nation's most valuable resource, the next generation, is being squandered by the effects of the drug epidemic.

The scope of the drug and alcohol problem in this country has been well studied and expertly documented. The media has helped bring these problems to the forefront of America's consiciousness. Therefore, for the purposes of this testimony we feel that belaboring statistics is unnecessary. We all know that the problem is of massive proportions. Let us look, rather, at issues relative to a solution.

We feel the following issues are of major national concern, and should be addressed in both public and private policy:

Minimum coverage for adequate alcoholism/drug dependency treatment should be included in health insurance plans.

Since we today know that addictive diseases can be effectively treated, that long term recovery is available and measurable, and that good treatment works on behalf of individuals and society; then we should provide access to treatment for victims of the illness.

Evidence points to the fact that knowledgeable professionals are not being effectively heard regarding the success of treatment, therefore more public education and recognition is needed.

Minimum measurable standards of care must be set so that there is consistency of treatment. Currently there is far too much variation in the treatment approaches. We cannot afford to accept substandard treatment in the private or the public sector.

Standardized quality assurance measures and meaningful treatment outcome studies need to be implemented in all areas of treatment services.

Americans have traditionally underestimated the power of addictions and minimized the scope of the problem. Therefore, we have tended to focus on the illegal drug trade while paying less attention to the problems of prescription drug abuse and alcoholism. The trend can be altered through education.

Healthy partnerships between the public and private sectors can be established in business, government and law to formulate cooperative efforts.

Our approach should be comprehensive involving Prevention, Education, Treatment, and Law Enforcement. We should take great care to not criminalize the victims of disease nor to provide easy escape routes for criminal purveyors.

The private sector has had a long history of compliance with standards of care such as those used by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitation Facilities. As a result of this cumulative experience there is a large untapped pool of professional expertise available for consultation regarding public policy which could be used to combat the worsening drug problem and to assist in enhancing the quality of care in general.

Bradford believes that the treatment industry, which has expanded rapidly in the last ten years, has the capacity to help meet the challenge to America. We can be part of the solution by joining hands with the public sector in providing care for those who cannot afford it.

Therefore, Bradford proposes to offer 10% of its occupied beds to be used for the treatment of needy persons who would otherwise not receive appropriate care. This offer to join in a partnership of concern with those in the public sector who are charged with the duty to provide services to those who need it most constitutes approximately $1,000,000 of services.

We believe that since there are approximately 130,000 empty beds in the private sector, and since many of our peers are currently demonstrating a willingness to make similar commitments to help those who cannot help themselves, that a coordinated effort to utilize private beds can be a meaningful contribution by the treatment industry. Thus, we can effectively join hands with the public sector to help meet the increased need for services which will result from more effective law enforcement and education programs.

Bradford has proposed a national task force of public and private providers to join with the many concerned organizations in America to seek further cooperative solutions. We have asked the Alcohol and Drug Problems Association in Washington, D.C. to help spearhead a coalition of business, industry, healthcare providers, and government agencies to plan and implement programs to advance treatment, educational, and prevention efforts.

We have a special interest in America's youth, and are presently engaged in state, regional, and national efforts to educate for prevention/early intervention in an ongoing effort to counter the drug problem epidemic. Through expert training of teachers, administrators, and students we are already seeing a positive change in the Alabama schools where we have presented programs.

The need in our state and country is vast; our resources have been limited. Not unlike the areas of national defense, transportation, and the environment we of the healthcare treatment industry believe we can make a meaningful contribution to the national effort.

Senator **Heflin**. Dr. Bowden?

STATEMENT OF DR. BARBARA BOWDEN

Dr. **Bowden**. Thank you.

Senator Heflin, in conjunction with things that Mr. Burson has said concerning our commitment to Alabama and the Nation itself, I would like to say that we do have an educational division that is very challenged and committed to working as a public service in prevention techniques and education materials concerning alcohol and other drugs. We work with educators and students in the schools, in their communities with programs that deal with alcohol and other drug-related issues.

Mr. Jacobs mentioned that there are other issues that are very carefully related to the drug and alcohol program. These issues relate to our high-risk children. I consider every student at risk. I consider every person in this court room and every person in America as being at risk at some time or another for alcohol and other drug abuse.

But certainly we need programs that will train teachers, train the community, and train students in these areas. We feel that two programs that have had really dramatic positive types of things happening as far as prevention techniques are student assistance programs, and, as a component of that, peer counseling or peer helping.

We have discovered that there is a scarcity of written materials available for this training. We are therefore committed to all the school systems in Alabama as far as providing educational materials and any training needed. We have developed through Bradford to date two training materials. One is a student assistance program manual for developing programs in training professional staffs and a peer helping manual for actually training students to help other students who are in need.

We have done a lot of training this past year in schools. Systems in Jefferson County and Birmingham City have been some of the systems where we have worked. We have trained students, we have trained educators. There is a lot of training yet to do, but we feel committed to the fact that the private sector such as Bradford is a really important resource in education. We are a very important resource as far as education is concerned in the State of Alabama.

Last year, in fact, Bradford education division gave an average of 100 hours a month to educational training and worked hands-on with school systems and their communities both here in the State of Alabama as well as out of the State of Alabama. We feel that when our services are requested, we are committed to working with schools and their communities.

So, I welcome, certainly, your examining the information showing the many activities that we have completed in order to meet our objectives for the educational component of Bradford and the amount of time we have given in the past and have projected for in the future.

[Material submitted for the record follows:]

EDUCATION DIVISION OF THE BRADFORD GROUP

Goal: The Education Division of the Bradford Group is dedicated to providing alcohol and other drug-related educational programs, prevention techniques, and complementary written materials as a public service to intrastate and interstate communities and their schools in cooperation with our nation's goal of having all schools and communities drug free.

Objectives:

1. To provide a bridge between the public and private sectors in helping to solve the drug and alcohol problem.
2. To work with schools and their communities by presenting training sessions, programs, inservice education, workshops, and seminars in drug education and prevention techniques.
3. To provide materials beneficial to working with students, parents, school professionals, and community networks in Alabama and her sister states.
4. To assist schools and their communities in implementing programs such as student assistance programs and peer counseling/helping programs that are focused on "young people at risk and at high risk."

Composite 1988-1989 Drug Education/Prevention Activities

1. In the past year, 106 school systems out of 130 have been given direct drug and alcohol-related education support services at their individual sites. These support services have included inservice programs, workshops, training, and other presentations directed to students, parents, school staffs.
2. To date, 55 Bradford facility tours and drug education programs have been hosted for students, school staffs, churches, and the general communities to become more knowledgeable of our resources and services.
3. Presentations have been made at three Governor's Conferences by Bradford professionals. (The April conference in Montgomery included five Bradford professionals and two Bradford consultants.) Approximately 20,000 students and their sponsors have attended.
4. Three summer drug and alcohol education workshops for educators and professionals in community agencies were given at Bradford's adolescent center. Approximately 150 educators and other professionals attended. Educators represented 46 Alabama school systems.
5. To date, 26 all-day training sessions have been conducted at the adolescent center and school sites for schools and their communities. These training sessions were to help in implementing two types of programs: (a) peer counseling/helping (Around 1400 students (grades 5 - 12) have been trained to be peer helpers from 38 school systems.); and student assistance programs that are geared to work with students at risk. (Numerous systems have had training, which has involved around 500 educators and community sponsors. (These numbers do not include those trained at a statewide Bradford student assistance program conference held in September 1988. (115 school systems were represented with 500+ attendees. See below.)

6. A September 1988 two-day seminar was held to train educators in understanding and implementing student assistance programs. Over 500 educators and community-based agency professionals attended, representing 115 school systems/communities.

7. Because of the scarcity in written materials to train students to help other students in need, a manual was written by the Bradford Education Specialist, A Peer Counseling Training Manual. The only cost to schools has been purchasing the manuals. All training has been free.

8. As the same scarcity of materials is evident in student assistance programs (identification of high risk and providing support services), a second manual, Student Assistance Program Training Manual: Helping Students At Risk, was written and disseminated for training in these programs.

9. Presently, the Bradford Drug Education Specialist has served on drug-free schools advisory committees for 13 school systems. (Membership representation has been with school systems principally in the Jefferson County, St.Clair, Autauga County, and Shelby County areas.)

10. In the past year, 26 seminars were conducted for churches, American Federation of Teachers, Childcare Resources, Department of Youth Services, Department of Human Resources, and many other community organizations related to drug and alcohol abuse.

11. Eight education newsletters have been sent to school systems and other community-based agency representatives to disseminate information related to drug education and prevention activities.

10. Another publication written in the past year is a Play It Straight How To Manual for teachers, parents, and counselors for use with a drug and alcohol prevention game, Play It Straight.

11. Outside the state of Alabama, states have requested and received our assistance in training for implementing student assistance programs and peer helping/counseling programs: Georgia, New Jersey, New York, and Florida. During the months of May and June, Bradford assistance will be given in New York, Mississippi, and Tennessee.

12. In the spring of 1989, The Bradford Group will award college scholarships to students in selected school systems that have exemplary peer helping programs. Those selected have committed their time and efforts as peer counselors/helpers and plan to pursue careers in helping relationships. These scholarships will increase in other school systems as peer helping programs spread throughout the state.

The Education Division, further, gives a monthly average of 100 contact hours to young people and adults, averages each month inservicing 12 school systems, 40 schools and 5 community organizations in alcohol and other drug education and prevention related programs. Approximately 1400 students and 800+ adults are given these educational services each month. All Bradford educational services mentioned have been without charge. Rather, they are a public service in the joint effort to make a drug-free America.

Senator HEFLIN. Thank you.

Mr. Retan you mentioned that right now with 12 beds here in Jefferson County and you say that 40 or 50 beds are available for people who do not have insurance and do not have the money to pay for a private treatment center. Does the mental health facilities take any of the people who have drug abuse problems?

Mr. RETAN. No—obviously if somebody is both mentally ill, for example, and drug addicted, they may be treated at Brice or something like this.

Now the funding for these programs I referred to does come through the department of mental health. Most of it is funding—Federal funding. Funding that you have supported and that others have supported. The State is—it is unfortunate that we are having to count so much on you and others to carry the ball for us, but the money goes through the Department of Mental Health, and the Department of Mental Health is spending about 3 percent of its budget on drug abuse and alcoholism when about 97 percent of its budget on mental illness and mental retardation.

Senator HEFLIN. Mr. J.B. Floyd, he knows Mr. Collins through the TASC Program. We are greatly impressed with it and came back suggesting legislation that programs like that be continued to be funded.

Mr. Floyd, you want to ask him some questions about the TASC program or any other questions?

Mr. FLOYD. I think for the record I would like you to give us a thumbnail sketch of how the TASC Program works and how here in Birmingham it is interrelated with the judicial system,

Mr. COLLINS. We take referrals from both the city and the county and individuals that have been referred to us for either a crime related offense or an individual did may not have a crime related offense, like burglary on the surface, but may actually have had that burglary charge to get drugs.

These individuals that are referred to TASC—of course, there are many of them self-referred also—will then be placed on urine screens, and one of the things we try to do is identify those individuals who need treatment, we will then refer to different treatment agencies.

We may, in some cases, if the offender has insurance, then we feel like they may be best treated in the private sector, and we may refer to Bradford. If in fact that person needs a residential type of program like Mr. Retan runs, we will try to send them there.

In the case of the female offender with children who will need day care during the time that she is in treatment, then the women's recovery program that Mr. Retan runs would be an appropriate program for female offenders.

And we find that for individuals who are in these programs, the criminality is greatly reduced by being in these programs.

Mr. FLOYD. As I understand it, you recently took part in the drug use forecasting project here in Birmingham?

Mr. COLLINS. That is right.

Mr. FLOYD. Could you relate for us some of the things that—some of the results of that program and some of the things you learned by doing this survey?

Mr. COLLINS. Certainly.

In that drug use forecast, the drug use forecast had been done in several other cities prior to the Birmingham experience. It had been done in New York, San Diego, Chicago, Dallas, Detroit, Houston, and Phoenix, and interestingly enough, the Birmingham statistics were very high. In fact, we found that only in New York City and San Diego had a higher rate of individuals with drugs in their urine. In fact, Birmingham's rate of positive urine tests was higher than Chicago, Dallas, Detroit, Houston, and Phoenix.

So, in fact we were surprised at the amount of drugs. But there are other markers to indicate that there is a tremendous drug abuse problem in this state. If you look at Alabama's AIDS statistics, and you see in fact that the number of Gay cases have dropped and the number of IV drug abusing cases have increased so dramatically in this State. And when you see that Alabama in terms of adult AIDS cases ranks No. 26th in the Nation, but in pediatric AIDS cases ranks 15th in the Nation, you see, in fact, that there is a large number of IV drug addicts in this State.

We also have a tremendous rural drug abuse problem. If you look at the AIDS statistics for Alabama, you in fact find out that there are a tremendous number of AIDS cases that are in the rural counties in this State, many of them are related to IV cocaine shooting.

Mr. FLOYD. How many task units are there in Alabama, and do you know of any plans to increase the number in the State?

Mr. COLLINS. At this point, there is one, the one here in Birmingham. Nationally, I believe that there are 130 programs, and that there are plans to expand those programs.

Mr. FLOYD. Does the Federal judicial system here in Birmingham take advantage of the program? Do they use it in any way?

Mr. COLLINS. Yes, they do, both Federal, city, State.

Senator HEFLIN. I believe yours is the oldest of the 130 programs, is it not?

Mr. COLLINS. Yes, it is.

Senator HEFLIN. Is it a model for the rest of them to follow?

Mr. COLLINS. Yes, sir, it is. It is the oldest program, and we have tried to be an exemplary model program for the rest of the country in terms of reducing criminality.

Senator HEFLIN. Well, thank you. We appreciate your testimony. They will submit back to you copies of your oral testimony as reported by the hearing reporter and you can add to it or enlarge on it if you like.

We appreciate all of your testimony, and hopefully, if you get some extra ideas and suggestions they can be added as an improvement in our battle against drugs.

Thank you.

[Whereupon, at 12:33 p.m., the subcommittee adjourned, subject to the call of the Chair.]

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